Three Biographies

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A modern philosopher has remarked that "we live forward but understand backward," which statement, being examined and interpreted, draws our attention to the fact that it is always in the light of the past that we plan and execute our daily life and work. Such reflection puts a rather startling emphasis upon the value of a knowledge of the past, and in the light of such reflection we can appreciate the dictum that "from nothing can any profession derive so much advantage as from the history of its development." Such equipment from the historian has been stressed by many a philosopher, perhaps never more attractively than in the pithy words of Fuller, when he says that "history maketh a young man to be old without either wrinkles or grey hairs; privileging him with the experience of age without either the infirmities or inconveniences thereof. Yea it not only maketh things past present, but enableth one to make a rational conjecture of things to come. For this world affordeth no new accidents but in the same sense that we call it a new moon which is the old one in another shape, and yet no other than that hath been formerly. Old actions return again, furbished over with some new and different circumstances."

Thus if we, as nurses, wish to understand the circumstances of our present day professional life, we must be able to see these in the perspective of the past. For complete understanding it is necessary not only to trace the story of organized nursing service through the centuries, but also to study the outstanding developments in the light of general history; thus the stream of social, religious and political influences may be watched in their interplay and the result comprehended.

Such a study of nursing from the historical approach proves fascinating indeed, but is a matter for time and leisure. In order that we may get the tale, we must read deeply through the story of the centuries. Tonight I am asking you to turn, not to the specialized field of nursing history, but rather to a certain few pages of 19th century chronicles that are more general in scope. My hope is that in these pages we may get illumination that will prove inspiring. My subject is "three biographies," and the three selected are memoirs of three persons of the 19th century: a nurse, a physician and a scientist. There is no particular class into which the three fall, no particular tie that binds them together. In fact each is, in many respects, a stranger to the other. Arbitrarily I have chosen to present these three much-loved books, with the special reason that I believe, by putting them together, the reader can get a vivid, and an extraordinarily comprehensive, picture of the 19th century, politically, socially and scientifically, and thus a background of the immediate past in the light of which we are attempting to build today.

The books I have chosen are biographies of Louis Pasteur, of Florence Nightingale and of Sir William Osler. In these I am asking you to look at exactly 100 years of time (1820-1920), from a spring day in 1820 in sunny Italy when a new-

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born baby girl was placed in the arms of her English parents to a sombre New Year's day in 1920, when a sad procession participated in the funeral rites of a beloved chief in the dim old Cathedral of Christ Church, Oxford. Geographically we cover in these three books a number of countries: for a large part of the time we are in England, then again for a number of years in France, with an occasional glimpse at several other European countries. Also we spend a few significant years in Canada and finally there is a short sojourn in the United States. As we read the books we are conversing in turn with three different professional groups; in one with nurses, in the second with physicians, and in the third with scientific research workers. Though each book does thus in turn keep the reader for a long time with a special professional group, yet the charm of each and every one of the three lies in the general accompaniment of the political and social and educational history of the century in those countries which are entered upon.

The three biographies show a great variation in style, but in each one the author achieves a certain like excellence in his craft in that he makes his book animate with the living, speaking, personality of the subject of his sketch. This is attained, as we say, through various styles, but with a similar use of the letters of the man or woman whose biography is being written: letters through which they speak to us with as clear a personality as though present in the room while we are reading, as indeed they are if we have any ability to pierce through the veil of time and sense. Such a use of personal letters, if the author be skilled, is an assured method to success in biography.

Now may we look at the three books in turn. We shall take them in chronological order and thus we see at once that Florence Nightingale and Louis Pasteur are almost exact contemporaries as a bare two years divided the two births, the one occurring in 1820 and the other in 1822, and both lived long lives, through to the end of the century. Osler belongs to a later, though partly contemporaneous period, as he was not born until the middle of the century (1849).

First in time then, and perhaps first in interest to us, comes Florence Nightingale. The biography to which I am referring in the title of my paper is the two-volumed book written by Sir Edward Cook. However, I must ask you to find an extra niche on your book shelf to slip in beside Cook's two volumes another small one which is needed to complete the story. I mean Strachey's book called "Eminent Victorians," in which is placed a short sketch of this extraordinary woman.

In the Introduction to his book Cook gives us, by using some of Miss Nightingale's own words, a warning about the approach to this story that is greatly needed. These are the words: "In the course of a life's experience such as scarcely any one has ever had, I have always found," said Miss Nightingale, "that no one ever deserves his or her character. Be it better or worse than the real one, it is always unlike the real one." To that is added the remark of an old friend, "It has been your fate," said this friend to her once, "to become a legend in your lifetime." Then Cook proceeds to comment as follows: "Now, nothing is more persistent than a legend: and the legend of Florence Nightingale became fixed early in her life—at a time, indeed, antecedent to that at which her best work in the world, as she thought, had begun. The popular imagination of Miss Nightingale is of a girl of high degree who, moved by a wave of pity, forsook the pleasures of fashionable life for the horrors of the Crimean War; who went about the hospitals of Scutari with a lamp, scattering flowers of comfort and ministration; who retired at the close of the war into private life, and

lived thenceforth in the seclusion of an invalid's room: a seclusion varied only by good deeds to hospitals and nurses and by gracious and sentimental pieties. I do not mean, of course, that this was all that anybody knew or wrote about her. Any such suggestion would be far from the truth. But the popular idea of Florence Nightingale's life has been based on some such lines as I have indicated, and the general conception of her character is to this day founded upon them. The legend was fixed by Longfellow's poem and Miss Yonge's Golden Deeds. Its growth was favoured by the fact of Miss Nightingale's seclusion, by the hidden, almost the secretive, manner in which she worked, by her shrinking from publicity, by her extreme reticence about herself. It is only now, when her papers are accessible, that her real life can be known. There are some elements of truth in the popular legend, but it is so remote from the whole truth as to convey in general impression everything but the truth. The real Florence Nightingale was very different from the legendary, but also greater. Her life was built on larger lines, her work had more importance, than belong to the legend."

Place beside that the opening paragraph of Strachey's story, which story we must admit is a bit distorted at points. He says, "Every one knows the popular conception of Florence Nightingale. The saintly, self-sacrificing woman, the delicate maiden of high degree who threw aside the pleasure of a life of ease to succour the afflicted, the Lady with the Lamp, gliding through the horrors of the hospital at Scutari and consecrating with the radiance of her goodness the dying soldier's couch—the vision is familiar to all. But the truth was different. The Miss Nightingale of fact was not as facile as fancy painted her. She moved in another fashion and toward another end; she moved under the stress of an impetus which finds no place in the popular imagination. A demon possessed her. Now demons, whatever else they may be, are full of interest. And so it happens that in the real Miss Nightingale there was more that was interesting than in the legendary one; there was also less that was agreeable." If we have said enough to give the new reader a fresh orientation toward this story, then we may proceed to follow it. A story that Cook promises will be greater than anticipated and which Strachey says will be more interesting but less agreeable. After such an introduction we look for a great deal and we are not to be disappointed.

And there is a lot in our book before we come to nursing. Early Victorian and Mid-Victorian English Society is seen at its best with the family and friends of the Nightingales, and we have intimate glimpses of many a personage. Perhaps here we have touched upon one of the greatest charms of the book. Between its opening and its closing pages we meet a long, long line of men and women whose names we have revered, or acknowledged, perhaps hitherto from afar. But here they take on, many of them, a delightful intimacy which peoples our own little world with some new and much-to-be-desired acquaintances. There is no limit to the list we could enumerate, for the Nightingale family met no barriers in any circle. They had the rare combination of wealth, position, education and character, and all things, and all people, of worth claimed easily their interest. Thus a constant stream of people pass through these pages, people famous in art, literature, music, political life, educational and religious leadership and so on. And when we tire of things Victorian, if such occasion arises, we can wander with our heroine across the Channel into the salons of Paris, or pick her up wandering through Rome. The leisurely travel of the middle of the last century carries Florence Night-

ingale through much of Western Europe and also down into Egypt, and as we travel with her many of the treasures of the centuries are ours to enjoy.

Another phase of the book which carries uncommon interest is the vivid light which it throws upon certain politicians and statesmen of the age. Of course, the storm centre is always in England's War Office, and with its officials and those who interfere with those officials. But from the War Office we are carried into the Houses of Parliament, into many government departments, ever and anon to the Prime Minister and now and then to the Palace itself, where an appreciative, if puzzled, sovereign little understands, but quite wholly supports, this strangely restless and powerful young subject of hers. The purpose of all this is to tell the story of Florence Nightingale's interference with governmental authorities on behalf of military hospitals after she had seen the shocking treatment provided for the sick and wounded soldiers of the British Army during the Crimean War. But we must leave abruptly all the story of the vast reforms effected for military hospitals. Suffice it to say, that vast reforms were effected, but only after a heart-breaking struggle, the struggle in which Sidney Herbert laid down his life; the struggle in which, according to Strachey, Miss Nightingale was possessed by a demon.

There is only time left to consider the nursing history of the book, and the whole story is there, starting from the typical early 19th century nurse, described by Strachey as "a coarse old woman, always ignorant, usually dirty, often brutal, a Mrs. Gamp, in bunched-up sordid garments, tippling at the brandy bottle or indulging in worse irregularities," from such through all the various forms and reforms up to the dignified and trained pupil of St. Thomas's. It was, indeed, a miracle that was wrought, and that in a remarkably short space of time, according to the custom of miracle-working. But the marvel is not in the founding of the Nurses' School at St. Thomas's. That was not the first attempt to teach decent young women to nurse the sick, though it was truly the most extensive and comprehensive. Other small groups, notably those of both Roman Catholic and Anglican Sisterhoods, were meeting with some success, too, and they had antedated the Nightingale School. No, the miracle lay in what followed after the founding of that school. Let us hear it in Cook's own words: "Miss Nightingale was the founder of modern nursing, because she made public opinion perceive, and act upon the perception, that nursing was an art, and must be raised to the status of a trained profession." Cook continues to show that by a rare combination of understanding, power and administrative ability in one woman the whole kingdom was made to see the need for change in nursing conditions and the possibility of making that change. In one short generation hospitals here and there all over the land had secured leaders from the new school or schools and were in turn starting their own schools. I have never been able to understand why other countries, that in recent times have spent much money and effort upon nursing reforms, have failed to copy this method used by Florence Nightingale of deliberately using her first nursing school to train superintendents for other hospital schools. It is the one quick and certain method of spreading reform, but it necessitates that local loyalties be subjugated entirely by larger loyalties. Additional value lies in the information the story presents of continental nursing conditions and of certain Roman Catholic and Protestant Sisterhoods there to which Florence Nightingale went for experience while preparing for her own work.

The rest of the book gives us a rapid sketch of the significant years

in England that followed the founding of the Nursing School at St. Thomas's. The events that happened in the sixties, the seventies, and the eighties, of the last century did decisively and forever work a great change in the scope, the methods and the conditions of nursing. So, as in a kaleidoscope, we see the changes as we turn these pages. The decent young woman learning to nurse the sick as a pupil in a school; teachers in those nursing schools prepared for their work as teachers. The doctors and the public both learning to expect trained nursing care for the sick. The disappearance of the Sarah Gamps. The hospital beginning to demand decency and refinement in its nurses; the public learning to offer respect to nurses. The beginning of visiting nursing and health visiting; the reform of workhouse infirmaries through the change in nursing; changes in military nursing and so on. The years were crowded and yet it appears a leisurely and well-considered type of progress and one that demands most careful study from us today.

With reluctance I turn from this, our first, book.

Our second biography, that of Louis Pasteur, is the famous life written in French by M. Vallery-Radot and translated into English by Mrs. Devonshire. Here we have a story of a life of unusual charm, told with great sympathy and with a beauty of style and diction that has been preserved even in the process of translation. The nation that has produced the man Pasteur and this book of his life has indeed a wealth of spiritual resources upon which to draw.

Just here we might quote from Osler's Introduction to this book, where he says: "To many whose estimate of French character is gained from "yellow" literature this story will reveal the true side of a great people, in whom filial piety, brotherly solicitude, generosity, and self-sacrifice are combined with a rare devotion to country. Was there ever a more charming picture than that of the family at Dole? Napoleon's old sergeant, Joseph Pasteur, is almost as interesting a character as his illustrious son; and we follow the joys and sorrows of the home with unflagging attention." The whole story of Pasteur's life is given, an intimate tale of his family and home life, both as boy and man, as well as the record of his scientific life. So we see the quiet, reserved lad brought up in the country and in small towns, his first attempt to study in Paris and his homesick return; the quiet successes at school and college that brought him some prizes and once a cautious grading as "mediocre" in a chemistry examination! Then follow the beginning of laboratory researches; days and years of teaching combined with laboratory work. The happy marriage, and the home life that was made possible through the sympathy of a rarely intelligent wife. The long years of work in the service of France and of humanity, years marked by joys and sorrows, success and failure, but such failure always patiently carried to success. The final years of constant research work. Seldom have the two covers of a book contained a tale of such moment to the human race.

As we look to this story to see what addition it can make to our general knowledge of 19th century development, we find neither the political nor the social detail of Sir Edward Cook's book. For the most part those things receive brief if valuable illumination. In this book we are living with a group of scientists, men whose whole lives are devoted to the search for truth in connection with certain phenomena of matter and of life. Fortunately for our purpose much of this scientific research soon gathers around the question of the origin of disease. In the telling of the story we are given a clear understanding of the opinion of the early and mid-nineteenth cen-

tury medical scientists throughout the world with regard to infective disease and the origin and spread of what was evidently, but unexplainably, communicable disease. In the course of the story of Pasteur's studies and controversies that understanding is made so clear and vivid that we cannot fail to grasp its significance. Only a scant half century separates us from total ignorance of the exact cause of communicable disease, from a total ignorance concerning microbic life in relation to disease. Further, we understand that little more than a quarter of a century separates us from the end of the first struggle to get that new knowledge accepted as a working basis for future research: accepted I mean by the leading savants of the medical and scientific bodies of Europe. If we grasp those facts clearly we can interpret more truly our present position with regard to these diseases and the understandings and misunderstandings regarding them, our small successes and our, as yet, great failures. Completer knowledge concerning the past century should give much patience and a surer hope for the present and future. It takes such a little moment to make that statement, but it requires the reading of a whole book and some pondering thereon to get the full understanding of these facts and of their relation to our work today. We can sum up Pasteur's contribution to science under two main headings: (1) his discoveries of the microbic cause of fermentation and of certain diseases, and the long struggle to convince his fellow scientists concerning these things: (2) the equally great discovery of how protection can be given through the attenuated cultures of microbes that we have learned to call vaccines. By means of these two lines of work the foundations were laid of the two new sciences of bacteriology and immunology.

The biographer, as he tells his story, shows us Pasteur in his relations with his fellow scientists in his own country and in neighbouring countries. From the whole, there is one bit that has peculiar interest for us and that is the story of the work of Lister based upon Pasteur's theories. The record of the happy interdependence of the work of these two great men makes very delightful reading, and one of the best episodes is Pasteur's visit to Edinburgh at the tercentenary celebration of the Scotch University.

Rather apart from our special interest in the present search of these biographies is another matter, but one that can hardly be overlooked by a present day reader of the volume. To members of a post-war League of Nations, members making some effort to achieve peace through better understanding of sister nations, here is something of value. This book was written in 1884, long before the Great War, so we must remember that it cannot be influenced by additional prejudices or emotions developed at that time. That fact gives greater force to the vivid story of distress, dismay, disappointment, fear and sorrow that gather in greater and greater volume in the course of the Franco-Prussian war of 1870-72. We read a story (artlessly told in Pasteur's letters) that to the present day reader might well be the story of 1914: of a people who cannot believe that there will be war made upon France; who are not prepared for it, and who go through an agony of sorrow in the humiliation of their country. That story should add understanding and sympathy for the fears of the French people today, no matter how unnecessary the onlooker may consider those fears to be.

I wonder if you will deem mine a fickle fancy if I now display my full appreciation of the third biography on our list, that of Sir William Osler. It is, indeed, a contrast in some respects to turn from Pasteur to Osler: from the serious-minded, reserved

youth who haunted the laboratories of the Ecole Normale to the irrepressible young Canadian who was both the joy and the despair of the various schools that were honoured with his attendance. All through the former book we move quietly from the laboratory to the lecture room, from the lecture room to the grave conferences of the Académie, and back again to the laboratory. Full as it is of the most appealing charm, it is all the quiet, serious side of life that is portrayed therein. The latter story, that of Osler, has also its serious side. The same laboratory, lecture room and Académie are given long and equally serious consideration, but also there is much in a lighter vein, where we meet the Osler who was the gay, laughing companion so much in demand. The Osler of the dining-clubs, Osler the irrepressible correspondent. In fine, Osler the host whose home, the "Open Arms," was always full to overflowing with guests from far and near, and where high thinking and joyous living seemed to be combined to a rare degree.

To return to our original purpose of seeking something from these books to give us better understanding of our own work today. What then has this last story, the life of Osler, to add? A brief study of the book will reveal the fact that it has a great deal that meets this expressed purpose of ours, and from all that rich store we shall proceed to pick out a bit here and there.

Perhaps the first charm of the book for a Canadian reader, and particularly for those living in Ontario, is the brief but vivid story of pioneer life in this Province, as happy and as fine a type of life as has ever been lived in our country. It serves to remind us of the fact that we are yet very close to pioneer days. In 1837 we find the young English couple who were to be Osler's parents settling on the border of the wilderness in a district afterwards called Bond Head, which was some fifty miles north west of Toronto. It was a life of hardship and isolation to which they had come, but, instead of bemoaning their own lot, both husband and wife set to work with characteristic energy to add much to the lives of their neighbours. Of the husband, the indefatigable clergyman of the district, it is related that "he taught his parishioners farming and how to make husbandry pay, lent them money, drew up wills for them, dispensed spectacles, and in countless other ways tended to their material and physical as well as spiritual needs." Ellen Osler, wife of the frontier parson, "not only had the responsibility of a rapidly accumulating flock of her own (nine children born within 14 years) but conducted a famed Sunday-School to which children came from miles around." Also "observing how ignorant the girls were and how untidily they dressed, she proposed to give instruction in cutting out and making their clothes every Tuesday and Friday in the afternoon . . . that school did more toward elevating the tone of the people than almost anything else and to this day many of the women of Tecumseh, now mothers and grandmothers, speak of it as one of the greatest blessings of their lives." Of such parentage came William Osler. There are many brief but intimate glimpses of this family life in which the boy lived throughout childhood and schoolboy days, first in Bond Head and later in Dundas.

Next in interest comes the story of early days in the young Canadian Universities of Toronto and McGill, mainly the tale of the medical school in each place. Fortunately for us the latter story must needs include reference to the hospital conditions and even to nursing itself. This book thus provides a valuable addition to our scant records of these early days, and in the telling of Osler's advance from Toronto to Montreal and thence to Philadelphia and Baltimore we get a remarkably clear picture of the

most significant developments in medical education on the American continent during the last quarter of the 19th century. Among such glimpses are the following: "When I began clinical work (said Osler) in 1870, the Montreal General Hospital was an old coccus—and rat-ridden building, but with two valuable assets for the student — much acute disease and a group of keen t e a c h e r s. Pneumonia, phthisis, sepsis and dysentery were rife. The 'services' were not separated and a man for three months looked after medical and surgical patients, jumbled together in the same wards. The physic of the men who were really surgeons was better than the surgery of the men who were really physicians, which is the best that can be said of a very bad arrangement . . . Scottish and English methods prevailed and we had to serve our time as dressers and clerks and indeed in serious cases we very often at night took our share in the nursing." Again (from the biographer) "Montreal in the '70's and for some years to come had unquestionably the best medical school in Canada, and the opportunities offered to students were possibly rivalled by those in only one city in the States—namely, in Philadelphia. The McGill School, founded by Scotsmen, had from its inception closely followed the educational methods in vogue at Edinburgh, where only the year before, a young man named Joseph Lister has been called from Glasgow to succeed Syme as Professor of Surgery. . . . In the Upper Canada schools at Toronto and Kingston, on the other hand, traditions of the great London hospitals largely prevailed—traditions in themselves as worthy of emulation as those of Edinburgh, but one only needs to consult Canadian Medical Journals of the late '60's and early '70's to learn that in Toronto much dissatisfaction was rife and that the staff and the trustees of the Toronto General Hospital were at loggerheads over matters relating to medical instruction."

Again, concerning the faculty members we read of a "Professor of Surgery, a vigorous and confident operator trained in pre-antiseptic days, for Lister at this time was little more than a rumour in Canada, if even that, and the surgeon of the day operated in his ordinary clothes, collar, cuffs and all, the more particular ones, indeed, in a frock-coat."

Again, "The Montreal General (Hospital) in the 1870's was a modest institution of only about 150 beds, ill-lighted and ill-ventilated. The mob-capped nurses were then of the Sarah Gamp type, who, as Dr. Shepherd reveals, were not strangers to the cup that more than cheers, and it was long before modern wards and the modern type of nurse came to supplant the old order." Much more could be quoted to show the gradual development of what may today, in spite of its shortcomings, be truthfully called medical education. And in the later part of the whole record we find the beginnings of nursing education. The personal story of the inception and growth of the Medical School at Johns Hopkins University throws clearer light upon an epoch making event in medical education and hospital development on this continent. Perhaps I have said enough to indicate the value to us of the professional records gathered in this book.

There is so much else that it is indeed difficult to select a passing reference and yet there is time for little more. Osler the teacher, Osler the friend of the young student, Osler the man of letters. Which is the most important aspect of his whole work for consideration? In which of those capacities did he give most important service? In which lies the greatest charm and inspiration for the reader? It is impossible to say. His service in any one of those three fields would have given him enduring fame; together they made him, in the words of his bi-

ographer, "one of the most greatly beloved physicians of all time."

Somehow in the course of a crowded life he found time to become familiar with the literary treasures of the centuries. How he found time for this remained a mystery to his friends but it is enough that we see the result. For nearly half a century he was found a teacher of medicine, but it was not medicine alone that he taught his students. With his passionate love of books he had garnered a rich store of knowledge of the philosophy of the ages, and he fed abundantly all those in whom he could stir a hunger and thirst after knowledge. And, as an even greater accomplishment he (to use the words of an old associate) "inspired his students with enthusiasm for letters." What greater praise can be given to any teacher.

My tale is finished and it has no moral. My only purpose has been to share with you again the delights of these books; and chiefly to suggest these delights to those who do not yet know them. Paraphrasing the words of Osler's old friend, we would be inspired with enthusiasm for letters so that we too may taste the rich rewards that come thereby. I do not wish to stir up sentiment or emotion merely to be enjoyed and then to be allowed to dissipate itself, for I believe with the philosopher James that such emotion leaves one poorer than before. I would, however, stir emotion that will carry into action; action that is intelligent because it knows the past and cherishes the best ideals of that past, while it is able at the same time to adjust to the ever-changing conditions of the future.

The Heroic Dead

"They are not here!" No, not beneath that sod,
And yet not far away.
For they can mingle their new life from God
With living souls, not clay.

And they, "the heroic dead," will softly pour
Into thy spirit's ear
A music human still, but sad no more,
To tell that they are near—

Near thee with higher ministering aid
Thy heart-work to return,
So that each sacrifice that love has made
A victory shall earn.

(Believed to be by R. M. Milnes. The words "they are not here" and "the heroic dead" are from a letter from Florence Nightingale to her sister, describing her walks on the shore near the soldiers' graves during her convalescence from the Crimean fever. It was the time when she vowed to "fight the cause" of the "murdered men.")

Editorials

The Legend or the Reality

In the introduction which he wrote for the Vallery-Radot Life of Pasteur, Sir William Osler draws particular attention to the characteristic reverence which the French people pay to the memory of their "illustrious dead." Doubtless the inference is that we as Anglo-Saxons are somewhat less demonstrative in this direction, but, even so, we too gladly pay a like homage and in doing so seek and find the inspiration that comes only thus. So we note in the month of April that medical journals from far and near are commemorating the birth month of Lister, the never to be forgotten benefactor of the human race: and in the month of May nursing journals will pay their yearly tribute to the memory of Florence Nightingale. The close association of these two anniversaries serves to remind us of the same close coincidence of the lives of these two people whose combined, though entirely different, work served to completely transform hospital conditions for all future time.

Each fresh attempt to consider the life of Florence Nightingale brings us face to face with the fact that her biographers have tried so hard to emphasize: it is that the real Florence Nightingale has been almost entirely hidden from observation by the legendary representation of her that took form early in her lifetime and that so far has successfully barred the path to a true appreciation of this great woman's real work for nursing. The legend is that of the Lady of the Lamp, a sentimental picture so unreal that it becomes almost a caricature. And yet that early legend born of the most picturesque (though not necessarily the most important) aspect of her work in the Crimea, comprises the total story for most nurses today. Thus a whole generation is losing sight of the most significant accomplishment of nursing history. The complete story of the origin of the nursing school and the genius that planned so wisely and so successfully that in one generation the hospital nursing methods of a whole kingdom were transformed: that story and the really significant aspects of it for our present guidance are almost unknown. Was it the "Lady of the Lamp" or the woman described by Strachey as "possessed with a demon" who supplied the indomitable purpose and the commanding intelligence that could accomplish such a transformation? The true story is available, to be had merely for the reading. Is not the obligation laid upon us to see that the young probationer of today receives all the inspiration and help that history rightly presented can give to her and that is part of her professional heritage.

A Thoughtful Suggestion

The season is now at hand when most of us are meditating upon the pleasant subject of summer holidays. We are planning where we will go during this happy time. One naturally tends to think a little further ahead perhaps also—and think about plans for next autumn. We never seem to accomplish anything without due planning and preparation. No enjoyable holiday ever seems to materialize without adequate arrangements for it.

At the present time in the nursing profession we are at a stage where we cannot advance unless we each

make a definite effort. We cannot maintain and improve our schools without the staff qualified to teach, supervise and direct. The question of providing qualified teachers especially is one that needs the attention of us all. What preparation are we making to meet this situation? Several Canadian universities are providing facilities for post-graduate work in administration, teaching and public health nursing.

It may be that you are in a position to stimulate interest in some person who is qualified to undertake post-graduate work. Then do so and encourage her to return to her own locality to help further nursing education there. Often it is a question of providing financial help—salaries are not large among us and it is not an easy matter to get necessary funds needed for extra preparation. You can help to arouse interest in your Alumnae or Provincial Association to raise funds for a scholarship, which is one way of showing your interest in and support of nursing education. Perhaps, still better, you can prepare to take an active part yourself in this movement for improving our educational conditions.

We are all affected by the needs of our schools. If we are to measure up to modern demands we must all help and our help can only be given by careful consideration and preparation to do our bit.

Our National Memorial Committee

From time to time our attention is drawn to our great indebtedness to individual members of our Association—members to whom we assign some difficult task, a task requiring patience, tact and vision to carry it through. As this number of the journal goes to press we learn that the National Memorial Committee has just submitted its final report. We are reminded that Miss Jean I. Gunn, of Toronto, has acted as convener of this committee since its formation, and that with few changes in personnel her committee has carried on since that time. We cannot reflect on the Memorial without thinking of Miss Jean E. Browne, under whose presidency our thought for a fitting memorial to our sisters who had made the supreme sacrifice became a splendid reality,—but today we pay special tribute to Miss Gunn, convener; Miss E. Kathleen Russell, secretary; and Miss Katherine I. Davidson, treasurer, of the committee, as well as the others and all who assisted in making effective the wishes of the nurses in all parts of the Dominion.

When the Memorial was unveiled in Ottawa in August, 1926, the main task was accomplished, but there were still many details to be settled, and the same members agreed to serve upon the committee until the work was completed. The task is now finished and the committee asks to be dissolved. In making its final report the committee will hand over a sizable surplus, representing a balance of funds collected, supplemented by accrued interest.

To what purpose shall this fund be devoted?

While the efforts of this committee had tangible results to which Canadian nurses will ever point with pride, there were surely other, and even more far-reaching, results in the sense of oneness arising from a common purpose fulfilled. In a less spectacular way other individuals and other committees are striving to make effective the wishes and ideals of the Association. Shall the surplus Memorial funds be devoted to one of these special projects? In making its final report the Memorial Committee will doubtless submit recommendations for our consideration, and with due thought we shall cast our vote when the question is submitted.

Winnipeg

Our Next Convention City

The members of the Manitoba Association of Graduate Nurses are looking forward with much pleasurable anticipation to the Canadian Nurses Association Biennial Meeting to be held July 3rd to 7th, 1928, in the city of Winnipeg.

It is twelve years since the Manitoba nurses had the opportunity of extending a welcome to the nurses of the Dominion, and it seems particularly fitting to meet in Winnipeg (the centre of Canada) this year to celebrate the twentieth birthday of the Canadian Nurses Association.

Winnipeg is the gateway of the west, and of the north. At least Manitobans may be excused for believing it to be the gateway of the north; since Commander Byrd's Polar Monoplane entered the north via Manitoba to make a trial test for the Antarctic expedition.

Winnipeg is a clean city of wide streets, beautiful buildings and parks, and is within a day's distance of mountain ranges, beautiful valleys, rolling prairie, sparkling lakes, untouched forests, and rocky areas where mining claims have been staked in abundance.

A trip to historic Norway House up Lake Winnipeg carries with it all the experiences of an ocean trip—to a world of peace and carefree gaiety. And last but not by any means the least, a trip to the north by the Hudson Bay Railway to the Hudson Bay is an experience not easily forgotten.

A Message

The current issue of The I.C.N., the official organ of the International Council of Nurses, carries a message to its members from Baroness Sophie Mannerheim. This message, written as a New Year's Greeting and in expectancy of convalescence after a long illness, is most touching, as the writer passed away on January 9th, less than a month after writing the following beautiful passage:

Do you believe in dreams? I had one last night, such a beautiful dream. There were roses all round me, heaps and heaps of lovely roses, fresh, dewy, of every description, filling the air with their sweet scent and my heart with joy at their loveliness.

Now, if ever a human being has been spoilt with flowers, I have been, and it has made me feel very small indeed to think of the little I have been able to give compared to the loving kindness poured out on me during the whole of this long sickness, which has now lasted more than a year and is only slowly changing into convalescence.

So, when I stood surrounded by those dream-roses of mine, I thought that now, at last, I also had something to give. They will go out to you all, sisters of our beloved calling, bringing you fresh courage and new hope and helping you over your difficult moments. With them in your hands you will enter the chambers of sickness and death and bring solace and peace.

For they were certainly given me that I might scatter their loveliness among you all, so that every one should receive her share.

Take them, sisters, and God bless you and the work of your minds and hands. They bring with them good wishes for the coming year from one who has never before known as she knows now what a blessing good nursing can be to those who are in sore need of help.

SOPHIE MANNERHEIM.

Public Health Nursing in West Sussex

By RUBY E. HAMILTON.

The County of West Sussex is one of the most beautiful of the southern counties of England, overlooking the English Channel and sloping back to the famous South Downs. It has an area of 620 square miles and a population of 270,000 people. Agriculture is the chief industry. There are two fairly large towns, several smaller ones and many villages scattered throughout the county. The roads are excellent but rather hilly in the northern part.

Medical Staff: Like all counties in England the health work comes under the direction of the county council. The county medical officer of health and his staff are responsible for seeing that the Public Health Act is carried out. The staff consists of one county medical officer of health, one deputy, three part-time assistant medical officers, one tuberculosis medical officer, three school medical officers, three dental officers and one inspector of midwives, who is a woman doctor.

Public Health Nursing Organization: A general programme of public health nursing, district nursing and midwifery is followed throughout the whole county. The Queen Victoria Institute Nurses have been chosen to direct the work. They work under the direction of and in co-operation with the county medical officer of health and his assistants.

The county is divided into seventy districts, two of which include the two large towns of Chichester and Worthing, with a population of 30,000 each. The other sixty-eight districts are more or less rural and each contains two or more small villages with a total population of about 2,000.

The nursing staff of the county is made up of one superintendent, one assistant, twenty Queen Victoria Jubilee nurses, twenty trained nurses and fifty-three district nurses. The district nurses are qualified midwives and have had at least one year of general training. Every nurse on the staff has her C.M.B. certificate or in other words, every nurse is a qualified midwife.

Each nurse does general public health nursing, district nursing and midwifery, attends child welfare clinics and ante-natal clinics and is present at all medical and dental inspection of school children.

In the large centres there may be from two to four nurses but in the rural districts there is usually only one. If it is convenient when rural districts adjoin, the two district nurses live together in a small cottage. This is a practical scheme as it reduces living expenses and the nurses are not so lonely or isolated. When three or four are employed in a large centre they always live in a central home and the senior nurse is in charge of the district.

The village nurses look after the health needs of a varying population, usually about 2,500. Each nurse has three or four country or village schools and must make at least two routine head examinations consisting of four visits annually to each school. They must also be present at all medical and dental examinations which are held once a year. All school children are given the regular three physical examinations during their school life: one on admission, one at nine years of age and one on leaving school. During epidemics or for special reasons children are examined oftener. The nurse must also call at the school every fortnight in order to see any children who have been absent or require special attention.

Birth registrations are followed up immediately. Infants under one year are visited or seen at the clinic every three months. Children be-

tween two and three years of age every six months, and between three and five once a year.

All tuberculosis cases are visited as often as possible and contacts are urged to go for examination, but this advice is not always followed.

Every district has a child welfare centre and these are fairly well attended. The local Association provides the room and equipment and the county council the local physician to attend. The ante-natal clinics are held the same day as the child welfare clinics, but are not well attended.

The district nurses as midwives do as much ante-natal work as possible. They take pelvimic measurements and make simple analysis tests, give good advice and attend all normal cases. Midwifery includes after care for the mother and baby for ten days at least, longer if necessary.

It was stated by the superintendent that every woman in West Sussex needing midwifery care could have it, as the county is so well supplied with trained midwives and the work well organized.

Post Graduate Courses for Midwives: District nurses are urged to take post-graduate courses in London or other centres and the majority of them avail themselves of this opportunity. They do not receive a grant for this course, but they continue to receive their salary while attending the course and a substitute is put in their place while they are absent.

All the work is under the close supervision of the superintendent and her assistant who make frequent visits to all nurses. The inspector of midwives pays an annual visit to all midwives. Practically every nurse on the staff does midwifery.

Voluntary Organization: There is a large voluntary organization called The West Sussex County Nursing Association which is made up of lay people. This Association is responsible for raising funds to aid in carrying on the work. It also assists in every possible way to make the work of the nurses successful. Each small district has a local association or committee whose members are members of the county Association. The members of the local committees are present at clinics and help with clerical work and weighing of babies. They also provide relief in cases of distress and aid with remedial work following school examinations. The most influential men and women of the county hold office in these associations and take an active interest in all the health work done in the county.

The associations do not interfere with the policy of the work which has been outlined by the county medical officer in co-operation with the Q.V.J.I. nurses, but do everything that is possible to make it run smoothly. This county Association handles all funds in connection with the work.

Grants: The county council gives a grant of £50 annually towards the salary of every district nurse midwife. In addition it pays the salary of the superintendent.

Fees: There is a voluntary provident scheme whereby each individual who contributes four shillings a year to The West Sussex County Nursing Association receives free nursing care and midwifery at a reduced rate. For those who do not pay the subscription the fees are double. The charge for very poor cases is fixed according to their income and if necessary they receive free nursing care.

A car is provided for the superintendent and bicycles for the nurses.

The scheme of county nursing would be ideal if all the nurses were fully trained health visitors and qualified nurses, but financially this seems impossible in West Sussex at the present time. However, one is impressed with the good work these district nurses do under careful supervision, but their health teaching is restricted as they themselves have not had sufficient training or education along health lines.

Social and Humanitarian Work of the League of Nations

Dame RACHEL CROWDY

The primary aim of the League of Nations is to maintain peace. It seeks this not only by trying to establish general disarmament but also by working for social welfare. Unsatisfactory social conditions are a source of discord both nationally and internationally. They should be removed for the sake of general progress, and the League of Nations is in many cases able to accomplish things which would be difficult or impossible for the individual countries to do alone.

The social welfare work of the League forms one division of the League's activities, and is dealt with in its Section for Humanitarian and Social Questions. It is a broad division which includes a great many different kinds of work, these also varying somewhat according to the particular needs of the moment. Some of these tasks, such as the traffic in women and children and the traffic in opium, are the responsibility of the League as laid down by the Covenant. Others, like the repatriation of prisoners of war or the refugee question, have been taken up by the League either in general accordance with the spirit of the Covenant or in response to the indication of public opinion.

At first doubt was expressed in certain circles as to whether such work should be undertaken by the League. Monsieur Léon Bourgeois, the eminent Frenchman, who has contributed so much to the League, very clearly affirmed a contrary opinion when he said that a wound could not heal unless it was first cleansed, and that the social welfare work of the League of Nations should have as its first aim the cleansing of the wounds which are a menace to the countries in which they fester as well as to the world as a whole.

(Read at the Interim Conference, International Council of Nurses, 1927.)

The first important humanitarian task undertaken by the League of Nations was the repatriation of prisoners of war. Over 400,000 war prisoners of 27 nationalities were waiting to be repatriated in Siberia in the spring of 1920. Even the International Red Cross had made efforts in vain, and a great number of these unfortunate people were living in the greatest misery. The undertaking was tremendous and funds were almost non-existent; but within two years all these prisoners were repatriated. In a similar way the League has rendered assistance to a million and a half Russian refugees with food, lodging, passport arrangements, as well as employment. This work was later handed over to the International Labour Office.

In the Treaty of Versailles a provision was inserted in regard to the International Opium Convention of 1912, which was an excellent document, but not in full working operation. In 1920 the first assembly of the League of Nations decided to establish an Advisory Committee on Traffic in Opium and other Dangerous Drugs. Article 23 of the Covenant of the League entrusting the League with the duty of supervising the execution of agreements with regard to the traffic. Now 55 countries have signed the ratification of the Convention of 1912, which has thus become truly international.

How has this result been obtained?

First, the great force of public opinion has been utilized. No publicity had formerly been given to the question, so publicity on a wide scale was undertaken. Formerly when any good results were achieved in any country or when flagrant delinquency had been proved, no one knew anything about it in other countries. Now, on the contrary, if a good law is passed, all the newspapers publish the fact; if an in-

fringement of the law is punished the news is published at once all over the world.

The means of achievement have been:

(1) Conferences and committees held in Geneva, the results of which are at the disposal of all countries.

(2) A system of exchange of information. If, for instance, a quantity of one or more of the drugs in question is confiscated in a certain country, the League is immediately advised with details concerning the confiscation by the Government of the country and is thus able to report the matter to all the countries members of the League. As a result of this, accomplices are discovered and international rogues are prevented from continuing their traffic.

(3) A limitation of the production of opium in certain countries. This production must be reduced and public opinion must be aroused in order that results may be obtained. The limitation will have to be gradual, a too rapid suppression being impossible, for economic reasons. India has already agreed to reduce her export of opium by ten per cent. for a certain number of years. Persia also has consented to try this method for three years. At the end of that period it will be decided whether the reduction can be continued.

In accordance with Article 23 of the Covenant, the League has occupied itself with the question of *traffic in women and children*. Not many years ago the majority of people, even those engaged in social work, were ignorant of the existence of this disgraceful traffic. In March, 1923, at the second session of the Advisory Committee which was appointed by the League to advise the Council of the League in regard to the traffic in women and children, the representative of the United States (Miss Grace Abbott) submitted a memorandum in which she recommended that the League of Nations should institute an investigation to ascertain certain facts relative to this traffic. It was decided that a general study of conditions should be undertaken and a body of experts were appointed by the League, who have not hesitated to dig into the depths of the underworld in order to learn the truth. They were able to find out for themselves that this scourge, this shameful traffic, does exist and is a crying evil in all countries.

It was proved that the majority of the women who are victims of the traffic are foreign to the country in which they dwell, about 70 per cent. being found in certain countries where the number of registered prostitutes is high. The men who ply this trade for money alone find it advantageous to expatriate these unfortunate beings and to place them in brothels which are under licensed supervision, where they may spend years of their lives, unable to escape because they have no money and no passports. The persons engaged in the trade made their fortunes in a few years. One of them, for instance, gained £12,000 in two years. Another found it worth while to make six journeys from Europe to South America in one year, taking three or four women each time.

The experts stated that in every country where regulated prostitution still exists there is a demand for women, and houses are found in which to place them. Even if one does not enter into the moral or hygienic side of the question, it is easy to realise how terrible this evil is. The body of experts agreed unanimously that public opinion should be aroused through publicity, because laws would be useless without the pressure of public opinion.

Nurses can do much, I think, to arouse public opinion in this direction. They should be in the vanguard of social activity, not hesitating to speak on this question when it seems advisable, giving information to those who are indifferent through ignorance. Is it known, for example,

that in certain countries children of ten and twelve years old are placed in licensed houses? If this were generally known would not public opinion be stirred into action? We should see to it that children and girls were better informed about possible dangers in this direction. Young people, who so often do not realise the consequences to which their actions lead, for the prostituted women, ought to be *made to think*. The League is also preoccupied with *child welfare* in its various aspects. At first it was difficult for people in general to understand and accept the idea that this should be a subject for international consideration. They said: "Let each country act as it thinks best: questions regarding the repatriation of children are international problems, but the welfare of the child is a national one."

Experience has taught us, however, that in many of its aspects child welfare may be studied to advantage internationally. A study of comparative legislation dealing with the protection of life and health in early infancy, child labour, etc., is exceedingly useful. Problems connected with cinematographs, alcoholism, the delinquent child, the protection laws for the illegitimate child, etc., have much greater opportunity of satisfactory solution if they are taken up from an international point of view.

We have no time now to enter into details; one of your colleagues is a member of the Advisory Commission for the Protection and Welfare of Children and Young People and she can give you further information. It is easy to see that, as the League of Nations was founded for peace, the amelioration of the conditions of children in all countries comes within the sphere of its activity, for, as I said before, unsatisfactory social conditions are a source of discord. Could there be worse social conditions than those which cause suffering to children?

The Message of the Cornucopia

"What a handy bag," exclaimed a patient the other day. "I noticed you rattled a piece of paper and, presto, a paper container! Please show me how it is made, for it would be so handy about the kitchen, out picnicking, and at Christmas the children can use them for tree decorations? I can get some coloured paper and show them how to make baskets for their Christmas eandies."

The nurse was delighted with these enthusiastic suggestions and proceeded to demonstrate the various uses of the cornucopia in the sick room.

Does not this humble article of our daily routine suggest some of the characteristics of our Order? Its varied and manifold usefulness, its economical aspect and the prompt service rendered.

As the cornucopia typifies the horn of plenty, so may we continue to send forth a bountiful, efficient service to all. — From the Victorian Order Nurse.

Vignettes from the History of Nursing

By Members of the School for Graduate Nurses, McGill University, Montreal, with Introductory Note by Maude E. Abbott, M.D., Lecturer on the History of Nursing. (Continued.)

XVI

MARCELLA

By ELSIE G. OGILVIE, Lakefield, Ont.

Marcella lived at the end of the fourth and the beginning of the fifth century. She was descended from the illustrious family of the Marcelli of great wealth. Her father died early in life, leaving her mother a widow at the time when Athanasius came as an exile to Rome, in 340 A.D. They lived in a palace on the Aventine Hill, which was the most aristocratic quarter of the city. There were about one hundred and thirty palaces in this locality.

It was from Athanasius and his companions that Marcella had heard of Anthony and the monasteries of Theboid, and at this time she received her first impulse to the ascetic life. Marcella married, but her husband lived only seven months. She later refused a second marriage with the distinguished and wealthy Cerealis, a man of consular rank but advanced in years. When the Egyptian monk, Peter, came to Rome in 374 A.D., she definitely made up her mind to join the monastic profession, thus introducing into Rome the first example of monastic life.

She continued to live with her mother in a very simple way. She gave all her costly ornaments to wealthy relatives, and the rest of her wealth to the poor. They converted their home and also their country seat near Rome into monasteries. She dressed herself in simple garb, gave up meat and wine, and spent her time in taking care of the poor. She also went on pilgrimages to tombs of apostles and martyrs.

When Jerome went to Rome in 382 A.D. she sought him out on account of his repute for Biblical learning, and made him, at first against his will, her constant companion. She gathered around her several women, and Jerome was the spiritual father of this circle: its centre and leader, whose narrow, and at the same time self-renouncing piety, set its stamp upon it. Jerome taught Marcella the Hebrew language, and she was the first to enter into monastic widowhood. It was partly Marcella's example and influence, which led Fabiola and Paula to give up their worldly lives for one of devotion and service to the poor and needy.

Marcella's home became a kind of convent dedicated to the study of the Scriptures. Marcella, who was eager for information, would not accept anything doubtful, and Jerome found himself in the presence of a judge rather than a disciple. Very often she took him to task for his severity and quarrelsomeness. In spite of this Jerome spoke of her thus: "All that I have learned with great study and meditation, she learned also, and with great facility, without giving up any of her other occupations or neglecting any of her other pursuits." Also, "How much virtue and ability, how much holiness and purity I found in her I am afraid to say." She was very often consulted by priests and bishops about obscure points in the Scriptures and excited their admiration by the acuteness of her judgment. Her serenity and the beauty of her character led Jerome to speak of her as the "pride of Roman matrons."

Marcella was not immoderate in her asceticism and she followed the counsel of her mother, whose society she never left. After her mother's death she retired to a little house outside the city with Principia, whom she adopted as a spiritual daughter, and here she devoted the remainder of her life to good works.

She was still interested in Jerome's theological pursuits. When

Rufinus came to Rome and disputes arose as to his translation of Origen's Periarchon, she threw herself eagerly into the controversy. Having in conjunction with Parminaetius and Oceanus ascertained Jerome's view of the matter, she urged the Pope Anastasius (400-403 A.D.) to condemn Origen and his defender. When he hesitated she went to him herself and pointed out the passages which she contended, though veiled in Rufinus' translation, demanded condemnation. Anastasius yielded, and then followed Theophilus of Alexandria in his condemnation of Origen and his upholders. Thus Marcella was the origin of this great victory.

The Goths made several attempts to plunder Rome of its great wealth. In 405 A.D. the city walls were repaired, which checked their advance. In 408 A.D. two thousand barbarians had over-run the plains of northern Italy and attempted another attack on the city, but they were repressed or sent away by the Romans paying immense sums of money.

During the sack of Rome by Alaric and his hordes in 410 A.D., they burned the Imperial Casino in the gardens of Sallust, which was just inside the gates, and the remainder of the city was abandoned to plunder, except the two sacred churches of St. Peter and St. Paul. These were saved for the refuge of women and children.

Finding Marcella living in a small house they thought she was just feigning poverty and they tortured her mercilessly, trying to discover the hiding place of her treasures, which she had already given to the poor. She threw herself at the feet of the Gothic chieftain and begged him to save Principia. Finally he allowed them to be taken to the church, where, after a few days, Marcella died, apparently insensible to her sufferings. Principia was her heir: as Jerome states, "Heir to her poverty rather than her wealth, or the trustee of her legacy to the poor."

XVII

MARCELLA

By GERTRUDE F. MARTIN, Quebec, P.Q.

Marcella, a descendant of the wealthy and respected family of Marcelli, lived in Rome at the end of the fourth and the beginning of the fifth century. She was a great friend of Jerome, and we know her chiefly through his works and his memoir of her.

Her father died when she was quite young, and she was living with her mother when Athanasius came to Rome in 340 A.D. Through him she heard of the monasteries of Theboid and first thought seriously about this life. She married, but her husband died after seven months, and though she was still very young and had a splendid offer of marriage from a very distinguished man named Cerealis, who was considerably older than herself, she refused him, choosing to live quietly with her mother.

When the Egyptian monk, Peter, came to Rome in 374 A.D. she decided to join the monastic profession and was the first woman in the city to do so. She continued to live with her mother in their grand home, but she gave away her most precious possessions to her relatives, and the rest of her wealth to the poor. She lived very simply, but did not go to the extreme in denying herself.

In 382 A.D., Jerome, a man noted for his knowledge of the Bible, came to Rome. Marcella sought him out and was constantly with him: at first against his will. Other ladies who wished to follow her in this profession joined themselves to her, and her home was made a sort of convent where they studied the Scriptures, prayed and sang psalms.

Marcella was very anxious to learn and was very keen for explanations, and kept Jerome busy with her queries. He wrote about fifteen treatises on difficult passages of

Church history and scriptures for her.

Paula and Eustochium, two friends of Marcella's, went to Palestine to live in Bethlehem, and Jerome hoped that she would accompany them; but although they wrote to her telling her of all the wonders of the Holy Land, she chose to remain in Rome. When her mother died she and her little band of followers moved to a small house just outside the city, where they continued their good works. A young lady named Principia was their constant companion.

When Rufinus and his followers came to Rome and there were disputes concerning his translation of Origen's works, Marcella found out Jerome's ideas on the subject and soon set herself to oppose Rufinus. She was so anxious to refute the wrong statements and have Rufinus and his followers expelled from Rome that she went to Pope Anastasius herself with the passages and finally succeeded in having him condemn them. Jerome gives her great praise for this accomplishment.

When Rome was sacked by Alaric, the Goths thought that she was pretending poverty in order to hide her wealth and treated her very cruelly. Finally, however, they allowed her and Principia to take refuge in the church of St. Paul. Her faith was very great, and although she scarcely seemed to notice her sufferings she survived only a few days. Leaving all her possessions to the poor, she died begging Principia to keep on the work among the faithful women and the poor.

The Prevention of Maternal Mortality in England

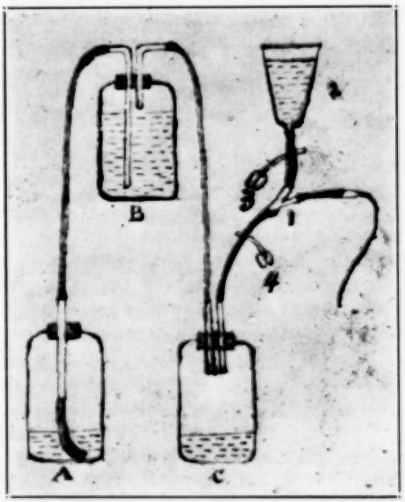
A meeting attended by representatives of associations in touch with working women, was held in London on October 27, 1927, to consider how, by the dissemination of information and by administrative measures, maternal mortality might be reduced.

Sir George Newman, Chief Medical Officer of the Ministry of Health, gave the principal address, in which he said that, taking the average of the last ten years, 750,000 women in England and Wales gave birth to children each year. In rendering that service to the nation 3,000 of them died in the act or so soon after that the death was attributed to childbirth, and thousands of others, as evidenced by insurance returns and hospital records, suffered from impairment of health. Of the women who died, 75 per cent. were under 35. He sometimes thought that there should be an inquiry into every death from childbirth, for such deaths seemed to him to call for explanation as much as any fatal accident. Three principal measures were urgently necessary. The first was prenatal hygiene; local authorities had provided between 700 and 800 ante-natal centres, but at present only a small fraction of the 750,000 women just mentioned were receiving effective assistance. It was necessary to create a public opinion which would lead the pregnant woman to consult her doctor in a simple and natural way at the earliest juncture. The second need was for maternity homes. Partly because of the necessity for satisfactory treatment, and partly because of the frequent inadequacy and unsuitability of home accommodation, there were many cases of childbirth in which the woman should be delivered in a maternity home. Since the organization of the Ministry of Health 150 maternity homes, with 2,300 beds, had been established or approved, but further provision on a large scale was still required. The third need was for skilled and competent assistance at childbirth. — *The British Medical Journal*, November 5, 1927.

Continuous Lavage

By EUGENIE M. STUART, Toronto General Hospital, Toronto.

In this article I shall try to present a further addition to the armament of those actively interested in the care of post-operative patients. Many ideas have been evolved to lessen the discomfort of surgical patients following operation. These have been, or will be, no doubt, enlarged or improved upon. The continuous lavage which I wish to introduce is the result of combining two such ideas.



A sprengel pump is connected with an interstitial jar and duodenal tube. The whole is connected as shown in the diagram: Two (2) contains a solution, e.g., 5 per cent. soda bicarbonate. One (1) is a glass "Y" connecting tube with duodenal tube leading to the patient's stomach. By closing the tube by clamp 4 and opening 3 the fluid is run by gravity into the patient's stomach. When a sufficient quantity is run in, the tube is closed by clamp 3 and 4 is opened. The fluid and the stomach contents are then removed by the action of the sprengel pump. By repeating this process at intervals indicated by the patient's condition the stomach can be kept empty and dilatation prevented. In operating the two way duodenal pump a point that must always be remembered is that the lower end of the tube from the high bottle B must be under the level of the water in the receiving bottle A.

The only valid objection that might be brought forward is that the apparatus requires a considerable portion of the available space about the patient's bed. This is only partly true as it can be set up in the space occupied by a small bedside table.

This treatment removes the discomfort of vomiting and effaces the interrupted use of the larger lavage tube. The majority of patients lie quite comfortably on their Gatz frame, raising no objection to the small duodenal tube. It relieves the patient who develops an acute dilatation of the stomach as considerable flatus is drawn off with the stomach contents. Persistent vomiting is the indication for instituting this treatment. Thus it is of value in three types of cases:

1. Post operative ileus, threatened or actual.
2. Peritonitis.
3. Persistent vomiting following operation.

Its use in these cases prevents the collection of fluid in the upper gastro-intestinal tract: obviates the repeated use of the lavage tube and precludes the possibility of an acutely dilated stomach.

In renewing subscription to The Canadian Nurse, a Canadian nurse resident in California writes: I should not like to miss the journal this year for I am sure it will be an interesting year. I do not like to plan so far ahead, but hope to be in Montreal among the veterans if all is well. I enjoy the magazine and I have taken it from the first year.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss FRANCES REED, General Hospital, Montreal, P.Q.

Teaching of Materia Medica in Schools of Nursing

By ANNIE F. LAWRIE, Instructor of Nurses, Royal Alexandra Hospital, Edmonton, Alta.

There are no doubt several methods employed in the teaching of materia medica in schools of nursing, each of which has its own especial value. In any one case, the instructor must draw out an outline of the subject matter to be covered in a definite number of class hours and arrange her material according to the plan decided upon.

It is generally agreed that the subject of solutions belongs to the domain of materia medica. This preparatory course is given in the preliminary period and consists of a series of fifteen to twenty class hours. The greatest difficulty that the teacher encounters here is the inadequate knowledge that even some of the advanced students possess of arithmetic. This difficulty is overcome to a certain extent by having frequent drills beginning with reduction in weights and measures and then following up with the addition, subtraction, multiplication and the division of fractions, as well as in decimals and the metric system. This is followed up with calculations in the making of solutions of given strengths, calculations of fractional doses and children's doses.

Blackboard space is most essential here in giving the instructor an opportunity of detecting and correcting individual errors during the calculation of problems by successive groups of students. When the problems have been mastered, the student is then taught every practical detail in the actual preparation of various solutions which is taken up conjointly with the study of the commoner disinfectants and antiseptics, i.e., their source, action, dosage and toxic effects as well as the antidotes to be employed in their first aid. Wherever possible, experiments are employed to demonstrate the specific action of these drugs.

The course in materia medica proper follows almost immediately on the completion of the preliminary period and consists of from twenty to thirty class hours. Here again the instructor must arrange her material according to the plan decided upon. It seems more rational to study together the drugs that act upon one particular system both as depressants and stimulants and follow them out in that order. Each class period should begin first with a definite assignment for future study and then with a short quiz of from ten to fifteen minutes duration on material taken up during the preceding period. This is followed by the presentation of the new subject matter which is accomplished partly by lecture and partly by discussion combined with thought producing questions.

In order that the student may obtain the full value of her class work there must be correlation with her ward work as well. This linking up can be accomplished by the project method. The student selects a drug

that is being administered to a patient under her care and at the following class period reports her findings. The kind of case treated and dosage given, source and history of the drug, its action and therapeutic uses, together with the symptoms of toxic action and the first aid treatment are all dealt with in her report to the class. Besides being of value in reviewing the drug, this method acts as a stimulus to the student, arousing her interest and linking up more closely with the practical side of her work.

The blackboard is a helpful means for fixing certain points in outline form, for drawings or the spelling of difficult terms. Illustrative material in the form of the crude drugs as well as the drugs in preparation used on the wards, can be arranged on sheets of cardboard for demonstration during the class period. This gives a visual picture of the drug in its many forms and acts as a stimulus in arousing interest. Lantern slides showing the sources of crude drugs, their method of collection and transportation, as well as places of interest in connection with materia medica, add another most helpful stimulus to the student's interest in this so called "dry" subject.

Midwives

The Nursing Times, December 31st, 1927, reprinted in part an article published in *The Medical Officer*, written by a member of the Association of Inspectors of Midwives (England) under the title "The Midwife of the Future and her Work." The following extract is copied from *The Nursing Times*:

One obvious and important fact is that our future midwife must also be a general-trained nurse.

The present-day midwife is doing her very best, but she has not the advantages of the general-trained midwife, who usually has an entirely different view of her work. She can visualize probabilities and possibilities in a manner that one who has had only midwifery training could not be expected to do. Ante-natal work to her is the kernel of midwifery, and her years of hospital training have taught her to be observant, obedient, diplomatic and resourceful. She seldom, if ever, contravenes the rules of the Central Midwives' Board.

Our object of the future must be to attract this very desirable type of woman to midwifery, since it is the right of every woman who is bearing a child that she shall have the highest possible skill bestowed upon her during her pregnancy, labour and lying-in period. To do this we must secure for the midwife reasonable conditions, an average amount of rest and recreation and adequate remuneration.

"Lest We Forget"

At a recent meeting of the Alumnae Association of the School for Graduate Nurses, McGill University, Montreal, the members decided to establish a memorial to the honour and memory of their late beloved Director, Miss Flora Madeline Shaw, who was called away suddenly last summer while in England, en route to Canada, having represented the Canadian Nurses Association at an interim conference of the International Council of Nurses in Geneva.

Miss Shaw's nurses, realizing that her name should live forever, have undertaken to raise among themselves the nucleus of an endowment fund, which will be used to further nursing education through the School for Graduate Nurses, McGill University.

Conscious of Miss Shaw's ardent interest in nursing education and the distinct contribution of her life's work towards it, the Alumnae are gratified to honour her esteemed memory in this way.

HISTORY OF NURSING SOCIETY, MONTREAL

The School for Graduate Nurses at McGill University held a meeting on February 9th, at the Nurses' Residence of the Montreal General Hospital, to discuss the organization of a History of Nursing Society. The meeting was well attended by graduates of both the French and English schools.

Dr. Maude Abbott explained the aims of the History of Nursing Society of Teachers' College, Columbia University, of which she is an honorary member and to whom credit must be given for the first suggestion of forming a similar organization in Montreal.

Everyone present was in favour and the following officers were elected: President, Miss N. D. Fidler; Vice-President, Miss E. M. Palliser; Secretary-Treasurer, Miss E. C. Ogilvie; Executive Committee, Miss Batson, Miss Bliss, Miss Dickson, Miss LeCompte, Miss Ethel Sharpe, Miss Slattery.

The honorary members appointed were: Dr. Maude Abbott, Miss A. Nutting, Dr. Helen R. Y. Reid, Miss Mabel Hersey, Miss Isabel Stewart, Rev. Mother Mailloux.

Some of the aims and objectives of the Society are: (1) To collect and preserve authentic historical materials relating to nursing, hospitals, etc. (2) To honour pioneers and leaders who have made some substantial contribution to nursing history. (3) To keep in touch with current developments in nursing, both national and international.

The first regular meeting was held on March 16th, and the evening was dedicated to the Montreal General Hospital. Dr. Maude Abbott very ably gave the early history of the Hospital and accompanied her address with slides. The society was most fortunate in having Dr. Abbott give this address, as she is at present writing a history of the Montreal General Hospital and the facts were quite authentic.

Misses Charland, Robertson, Welling and Mackenzie collected material relating to the history of the training school. The paper was given by Miss Mackenzie and was most interesting.

Miss Webster and Miss Strumm added to the evening very much by giving some reminiscences of the early days, in which they actually took part.

REFRESHER COURSE FOR NURSES

The Public Health Clinic of Dalhousie University, Halifax, is again planning a Refresher Course for Nurses, under the auspices of the University and with the co-operation of the Registered Nurses Association of Nova Scotia. The programme being arranged will include lectures of interest to all nurses. Demonstrations, round tables and conferences are being arranged. The dates for the course are June 25th to 29th, inclusive.

Application forms and further information may be obtained from Miss A. Edith Fenton, Superintendent, Public Health Clinic, Dalhousie University, Halifax, Nova Scotia.

TEACHERS' COLLEGE, COLUMBIA UNIVERSITY

On Tuesday, April 10th, the installation of William Fletcher Russell, Ph.D., LL.D., as dean of Teachers' College, Columbia University, took place with fitting ceremony. Among group conferences held on the following day was one on Nursing Education, arranged by Professor Isabel M. Stewart, at which Miss S. Lillian Clayton, president, American Nurses Association, presided. The general topic, "Possible Changes in Departmental Objectives and Requirements to Meet Changing Professional Needs," was discussed separately by four groups: (1) Administration in Schools of Nursing; (2) Public Health Nursing; (3) Teaching in Schools of Nursing; (4) Supervision in Schools of Nursing. Following an hour's discussion these groups united and with Miss Isabel M. Stewart presiding, further conference was held, led by Miss Mary M. Roberts, editor "The American Journal of Nursing," and Miss Elizabeth Fox, director, Public Health Nursing Service, American Red Cross.

Keep your face always toward the sunshine, and the shadows will fall behind you.—M. B. WHITMAN.

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section.
Miss AGNES JAMIESON, 1230 Bishop St., Montreal, P.Q.

Preparation of Diabetic Diets in a Private Home

By HELEN FIELD, Dietitian, Memorial Hospital, St. Thomas, Ont.

Since diet is the foundation of treatment in diabetes, and since, to be successful, it must be continuous, it is important that it should be as varied as possible.

Very often the first diet used for a patient is a basal diet. By this we mean a diet which simply provides sufficient food for the needs of the body while at rest in bed. Let us take as an example a basal diet for a patient weighing 176 pounds:—

BREAKFAST:

Food	Wt. in Grams	Approximate Measure
10% fruit	50	½ medium orange.
or 5% fruit	100	½ medium grapefruit.
Cornflakes	30	1 average serving.
Breakfast bacon	60	2 slices.
16% cream	120	8 tablespoons.
Butter	25	2½ tablespoons.
Bran muffin		1
Tea or coffee		

DINNER

Food	Wt. in Grams	Approximate Measure
Clear broth	—	1 cup.
10% vegetables	150	1 large serving.
Lean meat	60	2 small pieces.
16% cream	30	2 tablespoons.
Custard	1	
Butter	25	2½ tablespoons.
Tea		

SUPPER

Food	Wt. in Grams	Approximate Measure
Clear broth	—	1 cup.
10% fruit	150	1 large serving.
5% vegetable	100	1 average serving.
Eggs	2	
16% cream	30	2 tablespoons.
Butter	25	2½ tablespoons.
Bran muffin		1
Tea		

It will be noticed that this diet is kept as near a normal diet as possible and when a basic menu such as this is once arranged, variations consist in substitutions for foods already in the menu. A monotonous diet must be avoided as it tends to make a patient dissatisfied with the meals.

At breakfast, instead of cornflakes, 1 shredded wheat biscuit may be used, or 5 tablespoons of dry rolled oats, cooked in the usual way for several hours. The 2 slices of bacon might be changed occasionally to 1 slice of bacon and 1 egg, or to 2 eggs and an extra tablespoon of butter. The cream used is ordinary coffee cream.

At dinner the clear broth is obtained by making vegetable soup with meat stock, and straining or

(Read at the annual meeting, District No. 1, Registered Nurses Association of Ontario, 1928.)

using clear strained meat stock carefully seasoned. Oxo and Bovril may also be used. These clear broths have no food value but they help to make the meal seem more complete and they act as an appetizer to the patient. The vegetables may be any of the 10% list or twice as much 5%. Vegetables should be cooked in as small an amount of water as possible, and when tender salt and pepper may be added, and some of the meal's supply of butter.

It is well to try and use the meat and vegetable which the rest of the family are having. If the vegetable is to be creamed, a serving may be taken out before the cream sauce is added, and it may be prepared for the patient. The meat may be any **lean** meat, except pork, and usually it is best roasted or boiled. Occasionally a fried meat makes a pleasant change, and since it is always thicker than roast meat, a smaller piece is used. It may be fried in some of the meal's supply of butter, or in mineral oil, or it may be broiled over a flame and some of the butter melted into it. It must be remembered, however, that no extra fat must be added in the preparation of food: in fact, nothing may be added to the diet unless it has no food value. Fish may be substituted for meat and an extra tablespoon of butter should be added when this is used. It may be boiled, steamed or fried in mineral oil or some of the meal's supply of butter. The custard is made as any baked custard, using 1 egg, 10 tablespoons of milk, saccharine and vanilla. This is divided equally into two custards so that they may each have the same food value.

At supper the clear broth may be used again and the serving of vegetables may be a salad or it may be cooked. As most of the salad vegetables belong to the 5% list most attractive combinations may be made. One of the eggs at supper might be hard cooked and used with the salad. A dressing made with mineral oil helps to make the salad appear more interesting. The eggs, if not used in the salad, may be poached, cooked in the shell, scrambled or made into an omelette; or they may be changed to 1 egg and 1 slice of bacon, or to 2 pieces of lean, cold meat and an extra tablespoon of butter. The fruit may be any from the 10% list, or a smaller serving of the 15% fruits. While fresh fruits are in season it is not difficult to obtain variety, but in the winter it is not so easy to avoid sameness. To overcome this fruit should be canned without sugar for winter use.

The bran muffins used are made as follows:

1 cup washed bran
½ teaspoon baking soda
½ teaspoon salt
1 whole egg
1 egg white
7 tablespoons butter
6 tablespoons buttermilk

Beat whole egg well; add bran, creamed butter, baking soda and buttermilk. Fold in stiffly beaten egg white and divide evenly into 6 muffins. The muffin tins should be greased well with mineral oil. The bran is washed to remove starch: This is done by using 1 cup ordinary bran to 3 cups cold water. Place on the stove and bring to a boil. Drain, add fresh water and repeat three times. Pour into a cheesecloth bag, tie under a running water tap and rinse four or five hours. Squeeze out as dry as possible and spread in flat pans. Dry thoroughly in a warm place.

If a patient is hungry between meals, flat bran wafers may be made, which have no food value, and they may be used with a cup of clear broth or clear tea or coffee. To make them use 1 cup washed bran, 1 tablespoon India Gum, a little cinnamon, salt and warm water to make a soft dough. Spread in flat pans, greased with paraffin oil, mark in squares and bake in a slow oven until dry and crisp.

The recipe for the mayonnaise dressing made with the mineral oil is:

1 egg
1 teaspoon paprika
1 tablespoon mustard
1 teaspoon salt

Mix dry ingredients and add a slightly beaten egg. Add two cups mineral oil very slowly, beating until stiff. Add lemon juice to bring to desired consistency.

It is important that a diabetic patient should understand that he must not eat any food which is not in his diet unless it is a non-nutrient; and also, that he should eat all the food served to him, particularly if he is having insulin. The nurse preparing the diet must learn her patient's likes and dislikes so that she may use and prepare food which he will like. Much time and care in preparation and a knowledge of the methods of cookery are essential in the preparation of food for a diabetic.

Vegetables and fruits have been arranged according to their carbohydrate content as follows:

5% Vegetables: Mushrooms, lettuce, cucumbers, spinach, asparagus, vegetable marrow, greens, celery, watercress, cauliflower, cabbage, radishes, onions (cooked), tomatoes.

10% Vegetables: Pumpkin, turnips, squash, beets, carrots, onions (raw), green peas (canned).

10% Fruit: Watermelon, strawberries, lemons, cranberries, peaches, cantaloupe, pineapple, oranges.

15% Fruit: Raspberries, apricots (fresh), pears, apples, blueberries, cherries.

Non-nutrients: Clear broth, Oxo, Bovril, bran wafers, mineral oil, clear tea, clear coffee, vinegar, salt, pepper, saccharine, washed bran, cellu flour.

Private Nursing: An Appreciation

By the Public Health Nurse who asked for help.

Recently in Toronto, two young graduates from the MacDonald Training School for Nurses were asked by the Central Registry to take a very difficult and undesirable case. Their manner in handling it, and their devotion to duty is well deserving of mention.

The case was that of a young unfortunate woman of the streets, a confirmed drug addict, diseased, and having a long court record. Owing to the complication of quarantine in the home, there was some difficulty in making arrangements for hospital care; meanwhile the patient suffering from pneumonia was in urgent need of nursing attention.

The home was in the rear of a lane, in a most undesirable part of the city. Neighbours had taken the girl into their home out of goodness of heart, had set up her bed in their living room, but further than that felt they could do nothing as the woman of the house was totally blind. The patient, who had been ill for four days before receiving attention, had gone to bed in her street clothes, and naturally the condition of patient and bed was indescribable when the nurses arrived.

Although it had been arranged for the nurses to relieve one another at twelve hour intervals, owing to the terrible locality and the continual stream of undesirable enquirers, the nurses chose to work together, relieving each other as best they could.

For thirty-six hours they carried on uncomplainingly, ministering to the poor unfortunate. Delirious the greater part of the time, craving for drugs and intoxicants, using unspeakable language, to care for such a patient was no easy task.

The sympathetic manner in which they tended her, their unfailing efforts to do all that was in their power to make her few remaining hours as comfortable as possible, and their appreciation of the efforts of the neighbours, have left a record in that neighbourhood of which the Central Registry may be proud.

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

A Rockefeller Foundation Fellowship

By MARY E. STEVENSON, Central Supervisor, Victorian Order of Nurses for Canada

Four Victorian Order nurses, one from Halifax, one from Toronto, one from St. Catharines, and one from Ottawa, met in New York on September 6th, 1927. Each was starting out on a new and glad adventure made possible by the award of a Rockefeller Foundation Fellowship. The fellowships gave periods for post-graduate study, practice and experience, of four months, six months, and nine months, respectively, dependent upon what the Fellow had asked for; and arranged to give what each most desired to have. Consequently, the plan for each varied. However, all were agreed as to what they wanted in New York. The month of September was spent with the East Harlem Nursing and Health Demonstration, visiting in the homes with the nurses, attending the numerous and excellent clinics at the centre, learning something of the statistical department's work and of the studies made, reading the literature prepared by members of the East Harlem staff, and attending staff conferences.

And, as if this did not make the days full enough, a number of interesting excursions were arranged to Henry Street Ante-Natal Clinic, to hospitals, and notably to Mt. Sinai, Dr. Wylie's Mental Hygiene and Habit Training Clinic, to the Maternity Centre's clinics, to the Millbank Demonstration, to Vocational Training Schools, the N.O.P.H.N. offices, to the Metropolitan Life Insurance Company's Head Office, etc.

October and one-half of November were spent in Boston with The Community Health Association, established forty years ago as the Instructive District Nursing Association. Four years ago, when some changes were made in the organization, it was renamed The Community Health Association. There are about one hundred and fifty on the staff, and the programme includes a heavy bedside nursing service, very similar to that of the Victorian Order of Nurses, except that there is not nearly so much delivery service. The ante-natal work is excellent, both in the home visiting and the group work with expectant mothers. There is wonderful co-operation in this service between the hospitals and The Community Health Association, thousands of patients being referred in a year.

It was interesting and stimulating to work with the staff for six weeks as we did. We appreciated the value of the special supervisors for nutrition, mental hygiene, posture and muscle training. The maternity supervisor who had charge of the ante-natal work must realize how these other specialists contribute to the value of her work. It means too, a great deal to the staff nurses. We observed this same thing when we were with the East Harlem Nursing and Health Demonstration where such special supervisors also formed part of the personnel.

Very real and worth while staff education goes on continually from day to day and is applied by the

workers in the various situations met. Problems were looked for and were recognized more readily. The strength and value of co-operation was realized in handling them.

We were much impressed by the group teaching to ante-natal patients. It was clear and practical and complete. Well-planned talks and demonstrations were given by nurses, nutrition and mental hygiene supervisors. In the home visits we found the routine included urinalysis and taking of blood pressure by the nurses. We hoped that some day we might be allowed to do this more generally. Reports were always made to the patient's doctor if anything abnormal were found at any of the ante-natal visits. There was a good understanding between the medical men and the members of the nursing service.

We attended classes at Simmons College and at the Community Health Centre—four classes weekly. In Boston, as in New York, a number of interesting and educational visits were arranged for us to hospitals and clinics, special schools and institutions. One wonderful excursion was to the Newton schools where we observed the health educational work undertaken by the teachers: so woven into the lessons that health seemed to permeate everything. Four medical men were engaged in the annual health examination of the pupils on the day of our visit. In the class-rooms definite projects are taken up by the pupils and teachers for the remedying of certain defects. The school nurse helps and advises here and does a good deal of home visiting. The results of such co-operative effort appeared to us to recommend the system.

After the Boston experience our little Victorian Order group separated. One member remained at Simmons College, one returned to New York for special study at Columbia University, and two others proceeded to Nashville, Tennessee. Here we were under the direction of Miss Abbie Roberts, director of nurse education in the George Peabody College for Teachers, University of Tennessee. The programme arranged for us included some classes at the college, several days with the City Health Nurses, whose work we found similar in many ways to our own: a heavy bedside service is carried as well as the purely educational visits and the well baby and ante-natal clinics, tuberculosis visiting and clinics. Each nurse has a generalized programme in her own district. The funds supporting the City Health Nurses' programme are derived from similar sources to our own: city grant, community chest, and nursing fees received from patients and from the insurance companies.

In Nashville we noticed the splendid work of preparing teachers for health education in the schools. The very able nurse engaged in this work is also a highly trained and gifted teacher. We were privileged to sit in at a lesson period when a number of pupils received a wonderful lesson in ventilating devices for rural schools. The methods suggested appealed tremendously to us. Resourcefulness, ingenuity and practical common sense were evident as well as a sound appreciation of the principle being demonstrated and a marked ability in getting it "over."

Another project taken up in that same teaching period was the drafting of a letter to the parents of each student in preparation for a certain competitive health project to be put on in the school in the near future. Some splendid points were made here and we all got a good deal out of it.

The director of the State Board of Health in Tennessee arranged several days' visits for us, which gave us an opportunity to see and study the work of one of the Commonwealth Fund Demonstrations. We were interested in the good work we saw being done throughout the county by the full time staff of doctors,

nurses, sanitary inspectors and clerks. We were even more impressed by the wise vision and effort shown in the preparation of the community to carry on the project when the five year period of demonstration is completed and the funds will have to be raised locally. So often these elaborate demonstrations are criticised because when they are withdrawn there is no strong organization left and the work languishes and may die. Here we found the very opposite condition: Local groups in all parts of the county were being trained to certain responsibilities and were already beginning to carry some of them. Medical men are taking advantage of the offer of scholarships, enabling them to go for three months post-graduate work. New ideas coming in to stay. The machinery being built of local material to remain there.

Much more could be told of our Tennessee experiences, but space will not allow it. I went next to Alabama to study especially rural public health nursing. My colleague, desiring another branch of work, went elsewhere where she could best secure it.

Miss Jessie L. Warriner, director of nursing of the State Board of Health, and her assistant, Miss Frances Montgomery, planned two weeks full of interest and value to me. I found no voluntary visiting nursing association in Alabama. The public health nursing work is all under the State Board of Health's supervision and direction, and is organized everywhere on the county plan. This plan has been considered very satisfactory and it is hoped that every county in the state will be so organized in the not too distant future. At present slightly more than half of the counties have a public health unit at work. These units may be "3 piece" or "4 piece." The latter consists of a full time medical officer of health, a public health nurse, a sanitary inspector and an office clerk. The "3 piece" unit has no sanitary inspector. Although some bedside nursing is done by the nurse it is mainly for demonstration and in emergency. Stress, at present, seems to be on vaccination, immunization against diphtheria, inoculation against typhoid, health education, improved water and milk supplies and sanitary toilets. Each of the three field workers has a car, covers much territory and works very hard. In one county I found a nurse with special training in nutrition in addition to the county health unit. The Red Cross paid her salary.

There is ample work to be done in overcoming ignorance, and poverty which is partly due to ignorance. The midwifery service also provides another teaching need. It is astonishing when one studies the personnel of the midwife group that so much has been done. Although a certain depression was noted when this subject was spoken of with some field supervisors who felt that their efforts were so strenuous as compared with results, there has undoubtedly been much progress made. Considering the times and the health needs, and the coloured population with the special problems involved, it appeared that the plan adopted of county public health units meets the urgent need of so many people scattered over a state, and is the most feasible plan at this stage.

It was interesting to visit Watunepra County and to see the work in the newly opened centre there. This is a training centre for doctors, nurses and those desiring training to fit them for taking up the work in county health units later on. The periods of training for each group are four weeks and eight weeks respectively.

While writing about Alabama I must mention the school health educational work in the schools of the counties. I found five teachers amongst the personnel when I was in Birmingham studying the Jefferson County health work. One of

these teachers has the position of supervisor. I was privileged to spend time in the office and in the county with her, noting how very good was the reaction of the school principals and teachers to her suggestions and instructions. She chose the four teachers who work with her, selecting them very carefully. This plan has now been in force for several years and has thoroughly proved its value. The nurses with whom I spent days visiting rural schools appeared glad to have this part of the work carried by the teachers and to be able to stress those items they could best do because of their own special training.

From Alabama I went to Philadelphia where I spent a profitable happy time with the Visiting Nurse Society. Miss Kathleen Tucker and her assistants spent much time in giving us a clear knowledge of the organization, its programme (which has many features resembling that of the Victorian Order), its methods, its financing, the formation and work of various committees, matters relating to statistics and studies of cost, etc. It was Christmas week, and wonderful preparations for patients' cheer were in progress. My colleague (whom I met here again) and I, marvelled at the generosity with which we were entertained and informed. The visit was full of value to us and was a very happy one.

Christmas and New Year's were spent in New York, staying at The International House. All who have had this experience realize how rich a one it is. I cannot say more now of the many delightful entertainments provided for us, but we shall never forget what a happy time it was, and what charming people we met.

Then came our last visit. Providence, Rhode Island. Miss Mary Gardner and her assistant director, Miss Fitzpatrick, freely opened their treasures of knowledge and experience to us and we found the time go all too quickly. The planning and division of the work here gave us something new in our experience, much to weigh and think over. We wished very much that we might stay longer and take some part in such a service, to really try out our reactions to specialized group work. The enthusiasm of the workers we met spoke well for it.

Amongst such a host of experiences and impressions in such fine and varied fields, it is hard to say which is the most prominently fixed in our memory. As the days pass I am finding the knowledge gained helpful to myself and to others, whilst the inspiration of contact with so many outstanding leaders in public health work remains with me, giving me pleasure in recalling them, and a greater appreciation of the privilege that is mine to be a member of the company of those who strive to promote health, to prevent disease and to care for and nurse the sick. It is a wonderful thing to have had the opportunities offered the holders of Rockefeller fellowships, and we are most grateful to have been so honoured.

I will strive to raise my own body and soul daily into all the higher powers of duty and happiness, not in rivalship or contention with others, but for the help, delight and honour of others and for the joy and peace of my own life.—RUSKIN.

Book Reviews

Materia Medica and Therapeutics for Nurses: By John A. Foote, M.D. New fourth edition; 384 pages; price (in Canada) $3.00. Published by J. B. Lippincott Company, Montreal.

A summary of some of the most outstanding features of this excellent work might determine its selection as either a text book or a valuable addition to the nurses' reference library. In size it is too large (8¼"x5½"x1½") to be used conveniently as a handbook in private duty nursing or travelling. A "Consideration of Drugs and Solutions" occupies nearly one-half of the entire text and is accompanied by a very good review of arithmetic, given as a foundation for the study of solutions. The articles commonly requiring disinfection are alphabetically tabulated and the best methods of dealing with each are given. Ninety-four pages are devoted to drugs and medicines, which are studied under therapeutic groupings and according to the various systems of the body. Average dosages are given in the metric system, accompanied by the equivalent in the apothecaries' system. Illustrations relating to the sources of the drugs are singularly absent while others more suited to a book on nursing procedures are conspicuous. Numerous charts and diagrams are to be found illustrating the action of the most important drugs. An extensive reference list of drugs in common use is arranged alphabetically, each being accompanied by the dosage and a synopsis of actions, uses, and methods of administration. There is also an appendix of eighty-three pages giving a synopsis of the principal actions and uses of drugs. The portion devoted to "Poisons and Antidotes" occupies twenty-four pages. The symptoms and treatments are clearly and concisely stated but there is no condensed table for reference in emergency such as one expects to find in a book of this kind There is, however, a good index at the end of the book. Specific drugs and the numerous modern therapies — such as Organo-therapy, Serum Therapy and Physio-therapy are discussed at length and in a most interpretative manner. Helpful suggestions are given as to the choosing of patients for ward clinics and other means of making this difficult subject both interesting and attractive. Numerous sets of questions for review are given throughout the book.

A close perusal of this book serves to emphasize the opinion that its value would be greater as a reference rather than a text book. A fair proportion of its contents, through repetition of earlier studies, serves as an excellent review.

OLGA LILLY.

Couriers of Mercy: Friendly talks to Nurses, by Rev. Edward F. Garesche, S.J. Published by the Bruce Publishing Company, Milwaukee, Wis., U.S.A. Price, $1.50.

In this, his latest book, Father Garesche discusses the ethical duties of the nurses as well as some details of nursing education. The spiritual side of nursing and the spiritual duties of the nurse receive attention as well as the more material duties. It seems that the wish of the writer is to develop in the nurse a love of the profession and to offer her encouragement in carrying out her duties, as well as to assist her in living up to her ideals of mercy.

Who's Who In The Nursing World. Compiled and edited by H. E. Smithers; published by The H. Edgar Smithers Publishing Company, 139 High Holborn, London, W.C.1, England. Price, 5s. net.

Who's Who in the Nursing World is the Year Book of the nursing profession in England. This first edition contains particulars of administration and examining bodies, colleges, the nursing services, nursing associations, institutions and societies, nurse training schools, clubs, etc., together with details concerning the nursing careers of the leaders of the profession.

The Nurse's What To Do, by Miss Dora Vine; published by The H. Edgar Smithers Publishing Company, 139 High Holborn, London, W.C.1, England. Price, 2s. 6d. net.

This is an encyclopaedic index of nursing knowledge. The information is alphabetically arranged and illustrated with original diagrams.

LEAVE WORRY BEHIND YOU!

All nurses know that worry kills more patients than any other thing. You may be worrying about yourself or about someone you love; about a real trouble or an imaginary one, but the result is the same, ill-health. If you want to get away from worry, from every care, from every annoying thought, put the wide Atlantic between you and your daily grind. Let patients, illness, duty, discipline, early rising, pass into the limbo of forgotten things, and come—fill your mind with new thoughts, fresh pictures of beauty, ideas far removed from the routine. Other nurses before you have found rest and refreshment and new friends in joining the All-Canadian Parties to Europe. Write today to Miss Hilda Hesson, 7 Dunstan Court, Winnipeg, and get a fully illustrated booklet and all particulars.

News Notes

INTERNATIONAL COUNCIL OF NURSES

The Committee on Arrangements has been notified from International Headquarters that the date of the Congress in Montreal will be July 8th-13th, 1929. Miss M. F. Hersey, acting convener of the Committee on Arrangements, announces that a temporary office for the International Council of Nurses has been established at the Royal Victoria Hospital, Montreal, P.Q.

Recent issues of nursing journals in other countries show that the interest of nurses throughout the world is being turned towards the Congress of 1929. Some organizations already have had a representative of Messrs. Thomas Cook & Son outline for them travel accommodation and arrangements. This firm has prepared a folder, obtainable in the English, French and German languages, containing preliminary information about the Congress.

At the National Conference of the Nurses' Association of China, held in Shanghai in January, 1928, four delegates to the International Congress were elected: Miss Agnes Chan, of Canton; Miss Mary Shih and Miss Ruth Ingram, of Peking, and Mr. Kno Jung Hsien, a male nurse, and surgical supervisor at the Peking Union Medical College Hospital.

CANADIAN NURSES ASSOCIATION

Ticket of Nominations for 1928

For President: Miss M. F. Hersey, Montreal, P.Q.

First Vice-President: Miss K. W. Ellis, Vancouver, B.C.

Second Vice-President: Miss J. M. Grant, Winnipeg, Man.; Miss G. M. Bennett, Ottawa, Ont.

Honorary Secretary: Miss E. B. Hurley, Montreal, P.Q.

Honorary Treasurer: Miss R. M. Simpson, Regina, Sask.; Miss B. Austin, Toronto, Ont.

Biennial Meeting, 1928—Hotel Rates

The biennial meeting of the Canadian Nurses Association will be held at the Fort Garry Hotel, Winnipeg, July 3rd to 7th, inclusive.

Rates for hotels easily accessible to convention headquarters are:

The Fort Garry:

Room without bath, 1 person	$3.00
Room without bath 2 persons	5.00
Room with bath, 1 person	4.50
Room with bath, 2 persons	6.00

Royal Alexandra:

Room without bath, 1 person	$3.00
Room without bath, 2 persons	5.00
Room with bath, 1 person	4.50
Room with bath, 2 persons	6.00

The Marlborough:

Room without bath, 1 person	$2.00 up
Room without bath, 2 persons	3.50 up
Room with bath, 1 person	3.00 up
Room with bath, 2 persons	5.00 up

Reservations should be made at an early date to assure delegates of comfortable accommodation.

From month to month "The Canadian Nurse" receives contributions to this department relating to events which occurred three months ago, or longer. Such late news cannot be regarded as being of much interest. Contributors are urged to send in each month any material they wish published as it relates to the association which they represent. All items should be signed by the representative and should reach the National Office not later than the 12th of each month to assure publication in the ensuing issue.

ALBERTA

Calgary: We regret to announce the death of Miss Maysie Carmichael, R.N., daughter of the late Dr. A. S. and Mrs. Carmichael, of Calgary. She graduated in 1921 from the Calgary General Hospital, since when she had done private duty work in the city. She died in Boston, Mass., from pneumonia, while on a visit to her sister. The funeral services were held in Calgary on March 30th and were largely attended by members of the nursing profession.

Medicine Hat: Miss Watts (Calgary General Hospital) and Miss Alice J. Sample (Winnipeg General Hospital) have joined the staff of Medicine Hat General Hospital.

Mrs. F. W. Gershaw is visiting in New York.

Miss Raven, B.Sc., R.N., of Edmonton, will take charge of the Child Welfare Clinic, Medicine Hat, during the absence of Miss C. Lonsdale, who will do survey work for the Travelling Clinic during the next six months.

BRITISH COLUMBIA

The annual meeting of the Graduate Nurses' Association of British Columbia was held April 9th and 10th, the president, Miss K. W. Ellis, presiding.

Following the president's address reports were received from the secretary, registrar and conveners of Standing Committees.

Misses May Ewart (Vancouver) and Edith Franks (Victoria) were elected delegates to the biennial meeting of the C.N.A. in Winnipeg. Interesting programmes had been arranged by the Public Health and Nursing Education Committees. The former included addresses by Dr. W. H. Hill on "The Public Health Nurse as an Epidemiologist," and Mrs. B. Cleverly on "Sight Saving Classes." The latter arranged a comparative demonstration in which nurses from the Vancouver General Hospital and St. Paul's Hospital took part. There was also a Round Table Conference conducted by this committee on "The Head Nurse as a Teacher in the Training School." Sister Alphonse, of St. Paul's Hospital, opened the discussion and Miss Stephenson, of the General Hospital, spoke from the standpoint of the head nurse. Miss Jackson, superintendent of the King's Daughter's Hospital, Duncan, V.I., read an excellent paper on the subject and considerable discussion followed. On Tuesday afternoon Dr. D. E. H. Cleveland addressed the general meeting on "The Right and Wrong way of Treating Impetigo, Ringworm and Scabies" and Dr. Frank Patterson spoke on "The Function and Prevention of Deformity in Illness."

On Monday afternoon refreshments were served by the V.G.H. Alumnae and the Vancouver General Hospital, and in the evening by the Vancouver Graduate Nurses' Association.

Musical numbers contributed by Misses Jessie Adams and Flora McKenzie were very much appreciated. The meeting closed with a banquet at the Hotel Georgia, at which Miss Edith Bryan, B.A., R.N., of the University of California, gave a delightful address.

All meetings were well attended. A number of nurses from Victoria, New Westminster and other points in the province were present.

Vancouver: The regular monthly meeting of the Vancouver Graduate Nurses' Association for March, which took place in the new home of the Vancouver General Hospital, Miss Ewart presiding, was very successful and well attended.

Great interest was shown by the members in the final discussion of the Nurses' Memorial to the late Dr. Alison Cumming. This is to take the form of the furnishing of a nursery complete, in the Crippled Children's Hospital, Marpole, and was generally considered a most suitable form of memorial to perpetuate the memory of one so interested in nursing activities.

Reports and other business transacted, the meeting adjourned to the rotunda of the new home, where refreshments were served.

Vancouver General Hospital: The regular business meeting of the Alumnae was held on March 6th in the rotunda of the new home, Miss Timmins presiding.

Following the meeting a most delightful and interesting talk was given by Dr. R. E. McKechnie on his medical experiences of the past 40 years, which was much enjoyed by all. Refreshments were served by the 1924-25 classes, who were the hostesses of the evening.

At the Alumnae sewing meeting of April 3rd, Miss Geraldine Hartwell, R.N., principal of the Teaching Hospital of the Union University Medical School, Chengtu, China, which is two thousand miles inland from Shanghai, gave a most interesting talk on her experiences in that country. Miss Hartwell was born in China, but took her training at Nanaimo Hospital, where she graduated in 1914. One of the most interesting curios in Miss Hartwell's personal collection of curios was a splinter of wood from the bow of the boat on which she travelled down the Yangtse River en route for Shanghai, when they were fired on by the "Reds."

Classes 1922-23 were the hostesses of the evening, and there was a large attendance to enjoy the exceptionally pleasant evening.

MANITOBA

Brandon: The regular meeting of the B.G.N.A. was held at the home of Mrs. McGuire, April 3rd. Mr. Roy Hunter gave a very interesting address on juvenile delinquency. At the conclusion of the business meeting a pleasant social hour was enjoyed.

On March 23rd the Association were guests of Dr. and Mrs. S. J. S. Pierce, when Mrs. Pierce gave a very interesting talk on a motor trip to Yellowstone Park, showing many beautiful pictures taken en route and in the park.

Misses K. Simpson and I. Miller (B.G.H., 1927), have accepted positions on the staff of the Kindersley (Sask.) hospital.

Miss Ruth Camsfield, who has been doing post-graduate work at the Brandon Hospital for Mental Diseases, has accepted a position on the staff of the psychopathic department of the Vancouver General Hospital.

Miss J. Anderson, who has taken a post-graduate course at the Brandon Hospital for Mental Diseases, has accepted a position on the staff of the hospital.

Mrs. Renwick (A. Collnits, B.G.H., 1916) expects to leave shortly for Winnipeg, where she will reside in future.

St. Boniface Hospital: Miss Margaret Meehan is holidaying in Los Angeles.

Much sympathy is extended to Miss Mary Dillon in the loss of her sister.

Mrs. Thomas Coyle (nee Esther O'Connor) has recently suffered a fracture of her left leg.

On March 14th the sisters and pupil nurses entertained the Alumnae in the new Nurses' Home at tea after their business meeting. The musical numbers were much enjoyed.

NOVA SCOTIA

HALIFAX

Miss Gertrude Koing, Victoria General Hospital, 1928, is at home convalescing from a recent operation for appendicitis.

Helen K. Mont, Halifax, left March 4th for Vancouver, B.C., on a visit to her sister, Mrs. H. Erickson.

Miss Eva Bears, of Charlottetown, is visiting friends in Halifax.

Mrs. A. Lennerton left Truro, N.S., March 9th to visit her sister in Detroit, Mich.

Miss Freda Archard resigned her position as charge nurse in the operating room of the Pavilion, Victoria General Hospital, March 1st, 1928. On Wednesday, March 14th, the medical and surgical staff of the hospital presented her with a beautiful silver tray, inscribed with the names of the entire staff.

Miss Bollong, of the Victorian Order of Nurses staff, is spending her vacation in New York.

Miss Eva Welsby has returned from the U.S.A. and is to spend the summer with her parents at Dartmouth, N.S.

The many friends of Miss Stella Grady will regret to learn of the death of her father, Mr. Edward Grady.

Hilda Roberts, of Halifax, N.S., a graduate of the New Hampshire Hospital, Concord, N.H., 1927, has accepted the position as head nurse, Maternity Ward, of the New Hampshire Hospital, Concord.

Among the sixty-one members of the 1928 graduating class of Royal Victoria Hospital, Montreal, are the following from the Maritime Provinces: Florence A. Allen, Summerside, P.E.I.; Reta A. Brooks, Pinder, N.B.; Marion I. Clark, Halifax; Katherine H. Covert, Dartmouth; Elizabeth Cunningham, Tatamagouche; Jean Fraser, Pictou; Mary M. Grant, New Glasgow; Mary M. Gallagher, Fredericton; Charlotte A. Green, St. John's, Nfld.; Etta L. Jones, Cambridge, N.S.; Beatrice M. Keith, Havelock, N.B.; Adelais MacCuish, Sackville, N.B.; Dolina MacLellan, Stellarton; Mary F. MacNichol, Campbellton, N.B.; Florence M. McLean, North Wiltshire, P.E.I.; Jean M. Murray, Dartmouth; Mary F. Rogerson, St. John's, Nfld.; B. Burns Ross, Halifax; Jean A. Rogers, Woodstock, N.B.; Ruth Ross, Charlottetown, P.E.I.; Lucille M. Smith, Lunenburg; Helen B. Simpson, Bridgewater; Grace B. Stevens, Edmundston, N.B.; Hazel M. Stevens, Amherst; Jean E. Stewart, Leary, P.E.I.; Annie M. Sutherland, Westville; Elizabeth A. Whyte, Glace Bay; Edith A. Williams, St. John's, Nfld.

The Halifax Branch, R.N.A.N.S., sent the following letter to Dr. John Stewart following the decision of the nurses of Halifax to make tangible recognition of Dr. Stewart's fiftieth anniversary in the field of medicine:

"Dear Dr. Stewart:

"The Halifax Local Branch of the Registered Nurses' Association felt they could not allow such an important milestone in your life as the fiftieth anniversary of your entry into medicine to be passed over unnoticed by them.

"It was the unanimous wish of the Association that our sincere interest and gratification in this happy event might be expressed in some practical and tangible form that would exemplify the ideals of him whom we sought to honour. It was, therefore, decided that a cot in the Children's Hospital should be endowed for one year in your honour, and as you have ever put into practice the Divine injunction that 'it is more blessed to give than to receive,' we felt this would please you more than any personal gift.

"All that was said to you, and of you, dear Dr. Stewart, at the formal celebration of this important event, was echoed and re-echoed in the hearts of our members. In asking you to accept this small tribute of our admiration for your many noble qualities of head and heart, we but honour ourselves. And we pray that you may be spared many more years to be what you are today—an incentive to, and an example of, all that is highest and best."

The Local Branch received the following letter in reply:

"My dear Ladies:

"I find it difficult to express my thanks for the great honour you have done me, but I feel you should have on your files some acknowledgment of my gratitude of the kind thought which prompted you to present me with such a tribute of esteem, a gracious esteem of which I feel myself quite unworthy.

This testimonial so charmingly expressed, and so artistically engrossed and illuminated I regard as one of my most valued possessions.

"Not only have I to thank you for this, but for the very substantial contribution you have made in my name to the Children's Hospital in the endowment of a cot there for one year. You could not have devoted this most generous sum to a more worthy object and for this you have my most sincere and grateful thanks.

"Yours faithfully,

"(Sgd.) JOHN STEWART."

ONTARIO

Paid-up subscriptions to The Canadian Nurse for Ontario in April were 1,334, an increase of 20 over previous month.

Appointments.

Misses Janette McGowan and Nora Jardine, St. Joseph's Hospital, Hamilton, general duty, Union Hospital, Kindersley, Sask.

Misses Langley, McGrath, and Dynes, St. Joseph's Hospital, Hamilton, the nursing staff, Herman Kiefer Hospital, Detroit.

Miss Maud Nally, St. Joseph's Hospital, Hamilton, public health work, Detroit, Mich.

Misses Canavin, McCarten, and Kelly, St. Joseph's Hospital, Hamilton, hospital positions in Nyack, N.Y.

Miss Agnes Hyland, St. Joseph's Hospital, Hamilton, general duty, Children's Hospital, Detroit, Mich.

Miss Gertrude Hamilton, St. Joseph's Hospital, Hamilton, Children's Hospital, Cleveland, O.

Miss Aileen Dermody, St. Joseph's Hospital, Hamilton, school nurse in Dundas.

Miss Mary Wilson (Wellesley Hospital, Toronto), instructress at the Brantford General Hospital.

Miss Jessie Wilson (Brantford General Hospital), assistant instructress, Brantford General Hospital.

Miss Beatrice Hunter (St. Michael's Hospital, Toronto, 1928), night supervisor in the Obstetrical Department, St. Michael's Hospital, Toronto.

Misses Helen Walsh and Pearl Coffey (St. Michael's Hospital, Toronto, 1926), to the staff of the Polyclinic, New York City.

Misses Madeline Coffey and Alice Cronin (St. Michael's Hospital, 1926), to the staff of the Norwegian Hospital, Brooklyn, N.Y.

Miss Hilda Aldous (Toronto General Hospital, 1927), charge of "A" operating room, recently opened at the Toronto General Hospital.

Miss Agnes Alexander (Toronto General Hospital, 1926), engaged in school nursing at Long Branch, Ont.

Misses Kathleen Fairbrother and Muriel Patton (Toronto General Hospital, 1927), to the staff of the Rockefeller Hospital, New York City.

Miss Marie Breithaupt (Toronto General Hospital, 1927), in charge of the nursing service at Preston Springs Hotel, Preston, Ont.

Misses Jean Dent, Violet Stevens and Adele Cameron (Toronto General Hospital, 1922, 1925, and 1926, respectively), floor duty, Private Patients' Pavilion, Toronto General Hospital.

DISTRICT 2

Brantford General Hospital: At the April meeting of the Alumnae, Dr. G. Harris gave a very interesting lecture on Orthopaedic Surgery, which was greatly appreciated and enjoyed by all present. The meeting was well attended.

Miss Margaret S. Jamieson, formerly of the staff of the Brantford General Hospital, has been appointed superintendent of the Galt General Hospital. Miss Jamieson is a graduate of Jeffery Hale's Hospital, Quebec, and the School for Graduate Nurses, McGill University (1922). In 1922 she was appointed educational director in a training school for nurses, in New York City, a position which she held for two years. She then accepted the position of instructress at the Brantford General Hospital, relinquishing this position recently to take up her new duties at Galt. Miss Jamieson's friends and associates wish her every success and happiness in her new work.

The student nurses held a social evening in honour of Miss Jamieson, when they took the opportunity of presenting useful gifts. Miss Jamieson acknowledged both gifts and good wishes in a few appreciative words.

Miss Mary Wilson (Wellesley Hospital, Toronto) has been appointed to succeed Miss Jamieson as instructress, with Miss Jessie Wilson (Brantford General Hospital) as her assistant.

DISTRICT 4

Hamilton, St. Joseph's Hospital: The nurses of St. Joseph's Hospital held their tenth annual dance at the Royal Connaught Hotel on January 16th. Guests numbered over 400 and were received by the patronesses and officers: Mesdames Hess, J. R. Parry, N. Sullivan, F. Woodhall, and the Misses M. Maloney and G. Boyce. The evening proved to be one of the most enjoyable yet sponsored by the Association.

On March 6th the Alumnae held their regular monthly meeting in the Nurses' Residence. At the close of the business meeting, Miss Ann Maloney, organizer and nurse-in-charge of St. Elizabeth Nurses in Hamilton, gave a very interesting talk on their work, mentioning the many branches of nursing included and their great desire for further development. Tea was served and a very pleasant social hour spent.

It is encouraging to note that the attendance of members is much better since the time of meeting has been changed from the evening hour to 4 p.m.

Dr. and Mrs. Hicks (Florence Irving), of Brantford, are spending an extended vacation abroad.

We regret to report that Miss Gibson, superintendent of nurses, has been off duty several weeks owing to illness.

Miss Gertrude Brohman has resumed nursing after her serious motor accident in Buffalo, N.Y., several months ago.

DISTRICT 5

Toronto

Hospital for Sick Children: The special course given by the doctors of the Hospital for Sick Children, came to a close on March 26th with an excellent series of talks on Heart and Chorea, by Dr. Alfred Hart, and on Acrodynia and Purpura, by Dr. E. A. Morgan. These lectures have been largely attended by the Alumnae, and also by the Public Health Nurses, who have welcomed the opportunity to hear about the newest methods of treatment for various diseases. The executive are to be congratulated on this very excellent course, and they are grateful to both physicians and surgeons, who have given so willingly of their time, and made the series such a success. At the close of the meeting Mrs. Clutterbuck, in a few well-chosen words, presented to Miss K. Panton, the superintendent of the Hospital, a handsomely fitted travelling bag, as a mark of appreciation from the Alumnae on the eve of her departure for a two-months' tour abroad. Afterwards, there was a pleasant gathering in the Residence, when the nurses bade her bon voyage over a social cup of coffee.

A few of the officers of the Alumnae tendered a dinner to Miss Panton at the Clarendon on March 28th. A delightful evening was spent and Miss Panton was presented with lovely flowers and a leather covered Diary, in which to record her continental trip. Miss Panton sailed on April 5th and expects to be away two months.

Miss F. J. Potts, who was in Montreal recently, was entertained by the members of the Alumnae of the H.S.C., who are residing there.

Miss Hamilton, the first graduate of the H.S.C., and who has been nursing in Toronto for almost forty years, is enjoying a trip in the United States.

Women's College Hospital: The Alumnae entertained the staff and the nurses in training on March 12th in the nurses' residence. Miss G. L. Ament, a graduate of the Women's College Hospital, gave a very vivid and instructive address on her work in Nasik, India. Miss Ament is on furlough, returning to India in June.

Toronto Western Hospital: The monthly meeting of the Alumnae was held in the Nurses' Residence on Tuesday, March 13th, with Miss Wiggins presiding. The Hastings Scholarship was discussed, and it was decided to resume the discussion at the next meeting when more particulars would be available. A report of layette work was given by Miss Cooper.

The graduating class of 1928 was welcomed to the Alumnae by Miss Wiggins, who emphasized the valuable aid that its members would render the Alumnae by active interest in the monthly meetings. Judge Mott, of the Juvenile Court, gave a very interesting and instructive talk on his work. The meeting then adjourned and refreshments served.

Toronto General Hospital: The Alumnae met in the Nurses' Residence on April 4th. An announcement of unusual interest was that permission has been given to hold the graduation dinner in Hart House in May. The evening's entertainment was planned by the class of 1927, the various original games being greatly enjoyed by the members who were present.

Miss Louise Cunningham (1928) and Miss Dweita Clark (1928) are doing private duty nursing in New York City.

St. Michael's Hospital: The annual meeting of the Alumnae was held in the Nurses' Residence on March 10th. The following officers were elected: President, Mrs. W. H. Artken (re-elected); recording secretary, Miss Roselle Grogan; corresponding secretary, Miss Marie McEnaney (re-elected); treasurer, Miss Irene McGurk (re-elected). Arrangements were made for a reunion dinner to be held on April 19th in the Prince George Hotel, Toronto; guest speaker, Dr. Margaret Patterson (Magistrate, Women's Court, Toronto).

Misses Letitia Gaudet and Mary Hughes (1924) are doing private duty nursing in New York City.

Miss Aileen Riordan (1921), who has been ill for the past year is at present a patient in St. Michael's Hospital.

The sympathy of the Alumnae is extended to the families of the following deceased members, whose deaths occurred during March, 1928: Miss Madge Metherell (1918); Miss Catherine Mogan (1916); Mrs. Frances Bondy (Nellie Turner, 1912).

Occupational Therapy is being organized in St. Michael's Hospital through the endeavours of the Women's Auxiliary. Miss Lindsay, occupational therapist, expects to begin her work within the next week.

Members will be interested to learn that the new seven storey unit on Victoria Street is in operation and work on the south unit rapidly nearing completion.

DISTRICT 8

Ottawa: Miss Lucille Valiquette (Ottawa General Hospital, 1927) has accepted a position on the staff of the Sanatorium at Gravenhurst, Muskoka.

Misses G. Lapointe and N. Reid (Ottawa General Hospital, 1926), and A. Coté (Ottawa General Hospital, 1924) are on

the staff of St. Vincent's Hospital, Montclaire, N.J.

Miss Hazel Sparling, for a number of years on the staff of the King George Hospital, Winnipeg, as supervisor, and acting instructor of nurses, has been appointed assistant superintendent of nurses at the Strathcona Hospital for Contagious Diseases, Ottawa.

QUEBEC

Montreal: On March 5th the Montreal Graduate Nurses Association presented Miss L. C. Phillips with a purse of gold as a mark of affection and in recognition of her services to the Association. Miss Phillips had held the office of president of the Association for eighteen years, but resigned at the last annual meeting. Miss C. V. Barrett, in making the presentation on behalf of the Association, spoke of the appreciation of its members for this long record of service and devotion. A silver tray was also presented, together with an old-fashioned bouquet of flowers, as a taken of affection from the older graduates. Miss Colley made the presentation. In expressing her thanks for these gifts, Miss Phillips declared that her resignation did not mean any diminution of interest in the Association, for she had its welfare as keenly at heart as ever. Among the invited guests were: Misses M. F. Hersey, M. K. Holt, Strumm, Craig, Moag, Mesdames T. Watson, R. J. Scott, and Cameron. The gathering numbered about seventy. Tea was poured by Misses Colley and Dunlop, and the ices cut by Misses Wainwright and Sutherland. The decorations were of pink, with pink tulips on the table.

Royal Victoria Hospital: At the April meeting of the Alumnae, the members very much enjoyed a number of moving picture trips given by Pitmans Tours.

Miss H. Hart, 1923, and Miss A. Goff, 1926, are doing private duty nursing in Seattle.

Members of the graduating class of 1928 were guests of honour at a dinner given in the Ritz-Carlton Hotel on the evening of March 28th. The sixty-one graduates were seated at a long table formed in the shape of a horseshoe, gaily decorated with spring flowers. The toasts were proposed as follows: "The King," Mrs. Stanley; "The Governors," Miss E. Allder; "Our Guests," Mrs. LeBeau; "The Doctors," Miss M. Hough; "Our Absent Friends," Miss M. Bliss.

On the afternoon of April 11th, graduation exercises were held in the reception room of the Nurses' Home. Dr. J. R. Fraser addressed the graduates and Mrs. Fraser presented the diplomas and pins. Refreshments were then served in the dining room, which was attractively decorated with spring flowers and the school colours.

Western Hospital: Mrs. Harry McLean (Irene Robertson) was in Montreal for a few days on her way from California. She has returned to her home in Merrickville, Ont.

Mrs. J. O. Boker has accepted the position of second assistant in the Hospital of the Good Samaritan, Los Angeles, California.

Miss M. V. Green, who has recently taken a course at Columbia University, New York, is now doing private duty nursing in Montreal.

Sherbrooke Hospital: Miss Hazel Darkin, 1925, is in charge of the Operating Room in the Chipman Memorial Hospital, St. Stephen, N.B., and Miss Bessie Banfill is night supervisor in the same institution.

Miss Grace Hislop has been appointed night supervisor of the Homeopathic Hospital, Providence, R.I., U.S.A.

Misses Boyd and Matthews are doing private duty in Montreal.

Recently the Alumnae gave a banquet for the graduating class of 1928.

SASKATCHEWAN

Saskatoon: At the recent annual meeting of the Saskatoon Graduate Nurses Association, Miss Margaret Cameron was re-elected president, by acclamation. Other officers elected were: First vice-president, Miss Gertrude Hay; second vice-president, Miss Netterfield; secretary, Miss Irene Baker; treasurer, Miss Pearl Pound; councillors, Misses L. Ferguson, M. Hagarman, A. Sullivan, Elsie Ratcliffe, Cora Harlton, Grace Silverthorne; correspondent to "The Canadian Nurse," Miss Constance Meddins. Reports presented showed that the Association had made various donations during the year and that nurses undergoing treatment at the Sanatorium receive $5 monthly, as well as flowers. The organization has accepted responsibility for a specific portion of the public decorations on Decoration Day. At present the general fund stands at $771.31, and the tuberculosis fund, $433.95.

Regina General Hospital: Miss L. Styan, who has been on the staff of the hospital for the past four years, has resigned to accept a position as Matron of the Assiniboia Union Hospital.

With the opening of the new wing of the Regina General Hospital, several Alumnae members accepted positions on the staff: Miss Jane Burrows, in charge of the women's public wards; Miss Myrtle J. Lythe, in charge of the men's public wards, and Miss M. E. Baker, admitting office nurse.

The Alumnae have completed the furnishing of a private ward in the new wing. Recently a very successful tea was given by the Alumnae at the home of Mrs. D. Thom. The proceeds amounted to $58 and will be applied towards the new ward.

V.O.N.: Miss Jean Hessey has resigned from the staff of the Victorian Order in Edmonton.

Miss Joan McLarren (Hospital for Sick Children, Toronto) has been appointed to the position left vacant by the resignation of Miss A. Parker in Dartmouth, N.S.

Miss K. V. Doucette (Victoria Public Hospital, Fredericton) has been appointed to the staff of the Victorian Order in Halifax.

Miss K. Maloney (Yarmouth Hospital) has accepted a position with the staff of the Victorian Order in Yarmouth.

Miss Sybil Everitt (Ottawa Civic Hospital, 1927), who has completed a course of special training with the Victorian Order in Montreal, has been appointed to the staff of the Victorian Order in Cornwall.

Miss Mary Norton (Ottawa Civic Hospital, 1926) has completed her course of special training in Montreal and is on the staff of the Victorian Order in Ottawa.

Miss Ellen Linton (Toronto Western Hospital) has accepted a position with the Victorian Order in North Bay.

Mrs. A. Ryckeman has resigned from the staff of the Victorian Order in North Bay.

Mrs. A. Campbell, who has been on the staff of the Victorian Order in Ottawa for several years has resigned.

Mrs. Dorothy Perry has resigned from the Victorian Order staff in Waterloo. Miss Ruby G. Ratz (Hamilton General Hospital) has taken her place.

C.A.M.N.S.: Nursing Sister Trix Sanderson (Mrs. H. K. Rose), who died on March 30 at Los Angeles, California, graduated from the Royal Victoria Hospital, Montreal, in 1916. The same year she went overseas with the London (Western) University Unit, returning in 1918.

The Editor has been sent excerpts from a letter written by Miss Janet Pringle, stationed at the Red Cross Outpost, Pouce Coupe, B.C. This is the most northerly outpost in Canada and is 90 miles from a railroad. Miss Pringle, who is a graduate of the Royal Victoria Hospital, Montreal, 1923, writes in part:

About three weeks ago we admitted a boy haemorrhaging from an axe wound in the scalp. We found a fractured skull, with injured meninges. Our doctor dressed it and telegraphed to Grand Prairie for another doctor. He came up that night, arriving at 5.30 a.m. and operated at 9 a.m. Removed three pieces of bone, probably a total area of 1½ square inches; grafted fascia from the thigh over the meninges and closed the wound. The boy was up and dressed and on the verandah today.

An emergency operation here means a bit more than going into an operating room, turning on the steam and popping in the instruments. It means having ice brought in and melted; then the water boiled for instruments and for sterile water: and this over the kitchen stove. Our tap water is so hard and has so much sediment we cannot use it for instruments or sterile water.

* * * *

New settlers are coming in in great numbers. We hope the railway will follow. There seems to be a variety of opinions: some think that it is a definite thing; others think we won't see it in our generation. We are trying to get a bit of cleaning done, etc.

The following story is taken from an account of Baby Week as reported in *The Nursing Journal of India* for March 1928:

In the Poster stall I met my small friend of last year in search of further knowledge. This is a small Hindu boy who came to the Exhibition last year and spent a great deal of his time in the Poster tent. He was then four years old. He went home and demanded from his mother a clean towel and then collected all his toilet articles and called the servant. To him he said: "I have been to the Exhibition and there I saw pictures which showed if a boy with a spot on his face used a towel and then another boy used the same towel, that boy got the spot on his face. Now you see how fair I am, if others use my towel I may get spots. Listen, if you allow anyone else to use my things I will break your head." He is now five years old and still keeps to his policy of keeping his toilet articles for his own exclusive use. Then some people say that exhibitions are of no use!

BIRTHS

COWIE—On February 15th, 1928, at Toronto, to Mr. and Mrs. Hugh Cowie (Kathleen B. Merrett, Hamilton General Hospital, 1924, University of Toronto, Department of Public Health Nursing, 1925), a son (Hugh Merrett).

CROCKFORD—On March 17th, 1928, to Mr. and Mrs. George Crockford (Gwen. Twaites, Medicine Hat General Hospital, 1925), a daughter (Gloria Patricia May).

ELLISON—On March 17th, 1928, to Mr. and Mrs. Victor Ellison (Margaret Murray, Western Hospital, Montreal), a son.

FERGUSON—On March 28th, 1928, at Saskatoon, to Dr. and Mrs. Duncan Ferguson (Dorothea Cowling, Toronto General Hospital, 1921), a son.

FULLER—Recently, to Mr. and Mrs. George Fuller (Sadie Mennie, Sherbrooke Hospital), a son.

HUTCHISON—On February 2nd, 1928, at Toronto, to Mr. and Mrs. Leonard B. Hutchison (Marguerite M. Fanning, Grace Hospital, Toronto, 1925), a daughter (Lenore Maysie).

IRVINE—On March 29th, 1928, at Calgary, to Mr. and Mrs. Marshall J. Irvine (Ethel Brown, Calgary General Hospital, 1920), a son.

JOHNSTON—On February 13th, 1928, to Mr. and Mrs. W. R. Johnston (Iva Chadwick, Women's College Hospital, Toronto), a son.

KAY—On March 31st, 1928, to Mr. and Mrs. Norman Kay, of Hamilton, a son.

KERR—On March 19th, 1928, to Mr. and Mrs. Kerr (Mabel Martin, Hospital for Sick Children, Toronto), a son.

MANSON—On March 21st, 1928, at Vancouver, to Mr. and Mrs. William Manson (Beatrice Brouse, Vancouver General Hospital, 1922), a son.

McINTYRE—On April 4th, 1928, at Toronto, to Dr. and Mrs. G. C. McIntyre (Gwendolyn Wallace, Toronto General Hospital, 1919), a daughter.

PECKHAM—On March 4th, 1928, to Mr. and Mrs. William Peckham (Myrtle Gies, St. Joseph's Hospital, Hamilton), a son.

SKILLING—On March 30th, 1928, at Vancouver, to Mr. and Mrs. William Skilling (Zella Doraty, Vancouver General Hospital, 1923), a daughter.

STERLING—On March 31st, 1928, at Calgary, to Mr. and Mrs. Jos. Sterling (Esther Lord, Calgary General Hospital, 1925), a son.

TALBOT—On Feb. 28th, 1928, at Quetta, India, to Mr. and Mrs. W. E. Talbot (Gladys Smith, Royal Victoria Hospital, Montreal, 1925), a daughter.

WOOD—On April 3rd, 1928, at Vancouver, to Mr. and Mrs. Frederick Wood (Beatrice Fordham Johnson, Vancouver General Hospital, 1922), a son.

MARRIAGES

ALLEN—WILSON—In December, 1928, in New York City, Lucy Jean Wilson (Oshawa General Hospital, 1923), of Picton, Ont., to Herbert Bartley Allen, of Port Chester, N.Y.

BARTON—CLANCEY—In August, 1927, Agnes Clancey (St. Joseph's Hospital, Hamilton), to Dr. E. Barton, Oshawa.

HALL—GLASFORD—On March 16th, 1928, at New York City, Evelyn Hennigar (Evelyn Glasford, Calgary General Hospital, 1918), to Dr. Robert Hall.

MILLAR — MACLENNAN — On March 27th, 1928, in Toronto, Ethel Alexandra MacLennan (Grace Hospital, Toronto, 1915), to R. A. Millar, Kincardine, Ont.

PRITCHARD—HAM—On April 4th, 1928, at Fergus, Ont., Leila Miriam Ham (Toronto General Hospital, 1921), to Harry S. Pritchard. At home, Toronto.

SKEITH—McLARTY—In December, 1927, Mabel McLarty (St. Joseph's Hospital, Hamilton), to Ewart Skeith. At home, 1116 Lakewood Boulevard, Detroit, Mich.

SPANE—HUDSON—On April 5th, 1928, at Calgary, Jessie Viola Hudson (Calgary General Hospital, 1925) to John Allyn Spane, of Calgary.

DEATHS

BEAUCHAMP—On March 21st, 1928, at the Western General Hospital, Toronto, Annie E. Beauchamp (Toronto Hospital for Consumptives, 1927).

BONDY—In March, 1928, Mrs. Frances Bondy (Nellie Turner, St. Michael's Hospital, Toronto, 1912).

BURNETT—On March 7th, 1928, at Toronto, Violet Emma Burnett (Grace Hospital, Toronto, 1904).

CARMICHAEL—In March, 1928, at Boston, Mass., Maysie Carmichael (Calgary General Hospital, 1921).

DOUGALL—On April 5th, 1928, at New York City, Mary E. Dougall (Toronto General Hospital, 1896), matron St. Luke's Hospital, New York City.

ELLIOTT—On April 12th, 1928, at Hamilton, Janet Elliott (Hamilton General Hospital, 1903).

GRIGG—On April 5th, 1928, at Toronto, Emma Grigg, R.N. (Staten Island Hospital, 1904).

METHERELL—In March, 1928, Madge Metherell (St. Michael's Hospital, Toronto, 1918).

MOGAN — In March, 1928, Catherine Mogan (St. Michael's Hospital, Toronto, 1916).

ROWNTREE—On April 3rd, 1928, in Toronto, Bessie (Bessie E. Holmes, Toronto General Hospital, 1918), wife of William J. Rowntree.

TRUMPER—On March 23rd, 1928, at Brantford General Hospital, Barbara Trumper, after a short illness.

COMING EVENTS IN THE NURSING WORLD

Biennial Meeting Canadian Nurses Association, Fort Garry Hotel, Winnipeg, July 3-7, 1928.

Annual Meeting Registered Nurses Association, Nova Scotia, Yarmouth, June 5, 1928.

Annual Meeting New Brunswick Association of Registered Nurses, St. Stephen, June 19-20, 1928.

Annual Meeting, Canadian Public Health Association, Winnipeg, October 11-13, 1928.

Biennial Meeting, American Nurses Association, Louisville, Ky., June 4-9, 1928.

Annual Meeting, International Catholic Guild of Nurses, Cincinnati, Ohio, June 18-22, 1928.

Annual Meeting, Canadian Public Health Association, Chicago, Ill., October 15-19, 1928.

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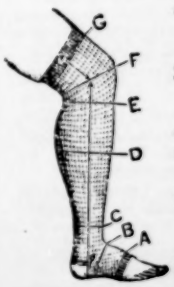

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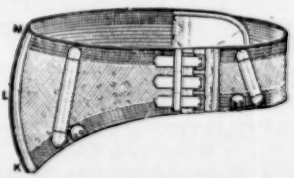

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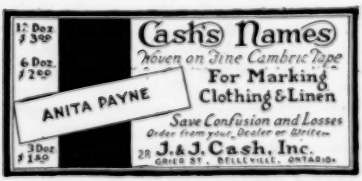

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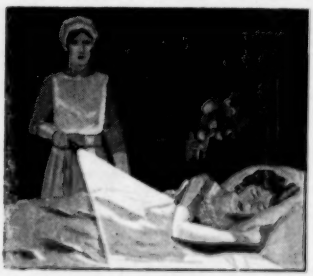

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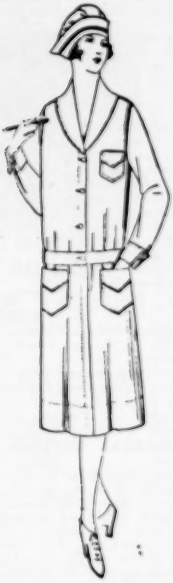

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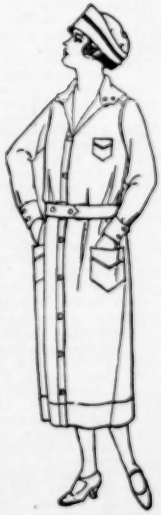

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JUNE, 1928

CONTENTS

		PAGE
Microbe Hunters	*Nora Bateson*	283
Erythema Nodosum Among Nurses	*Dr. H. B. Cushing*	286
Canada's Tribute to Jenner	*E. Edith Fenton*	287
A Nurse's Jubilee		288
International Council of Nurses		289
Canadian Nurses Association, Tentative Programme, 1928		291
Canadian Conference on Social Work	*Kathleen D. G. King*	293
Values in Public Health	*Sir Arthur Newsholme, K.C.B.*	295
Saskatchewan Registered Nurses Association	*Ruby M. Simpson*	298
Vignettes from History of Nursing		301
A Provincial Health and Hospital Survey		305
Department of Nursing Education:		
Industrial Nursing	*Dr. F. G. Pedley*	306
University of Toronto		309
Department of Public Health Nursing:		
The School Nurse as a Social Agency in the Community	*Charlotte Whitton*	310
The Victorian Order of Nurses	*Elizabeth L. Smellie*	314
News Notes		315
Official Directory		325